

Lee County Community Health Assessment 2018



ACKNOWLEDGEMENTS

The 2018 Community Health Assessment report was prepared by the Lee County Public Health Department and LeeCAN “A Healthy Carolinians Partnership”.

LEECAN PARTNERS

Cameron Grove AME Zion Church	Lee County Sheriff’s Office
Central Carolina Hospital	Lee County Cooperative Extension
Coalition for Families	Sandhills Center LME-MCO
Daymark Recovery	Sanford City Government
First Baptist Church	Sanford City Police
Haven	Sanford Herald
Lee County Department of Social Services	Stevens Center
Lee County Parks & Recreation	United Way of Lee County
Lee County Partnership for Children	YMCA
Lee County Public Health & LeeCAN	
Lee County Schools	
Lee County Senior Services	

COMMUNITY HEALTH ASSESSMENT FOCUS GROUP LOCATIONS

Lee County Enrichment Center	Central Carolina Hospital
Lee County Cooperative Extension	Sanford Housing Authority
El Refugio – Jonesboro United Methodist Church	

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INTRODUCTION

The Lee County Health Department and Lee Community Action Network (LeeCAN) are pleased to present the 2018 Community Health Assessment.

North Carolina health departments are required to complete a Community Health Assessment (CHA) every four years. Community Health Assessments provide an opportunity to identify health problems and assets in the community along with policy formulation, implementation, and evaluation. The three core functions of public health are assessment, policy development and assurance. CHAs help to measure how well a public health system is fulfilling its assurance function.

The primary purpose of the community health assessment is to:

- Evaluate the health status of each county in relation to the State's health objectives as well as peer counties;
- Identify and prioritize health issues that may pose a threat to the health of the community;
- Develop strategies to address priority community health concerns

Community action plans are developed at the end of the process to identify what actions will be taken to address the health priorities identified during the CHA process. These action plans guide the work of the health department and community partners/taskforces.

The 2018 Community Health Assessment team was comprised of LeeCAN members and Health Department employees. Lee Community Action Network, LeeCAN, 'A Healthy Carolinians Partnership' was established in 1997. Community partners continue to work together to address the community health priorities identified by the CHA.

EXECUTIVE SUMMARY

VISION STATEMENT

To provide Lee County with ideal health and wellness programs and services that address the social determinants of health.

LEADERSHIP

The leadership of the community health needs assessment process is based on collaborative partnerships that includes the Lee County Health Department, LeeCAN partners, Central Carolina Hospital and collaborators from the Lee County Enrichment Center, Cooperative Extension, El Refugio and Sanford Housing Authority.

PARTNERSHIPS/COLLABORATIONS

The Lee County Health Department (LCHD) is in collaboration with a few community organizations, partners and community members.

Many of the LeeCAN members who were very active in the completion of the 2010 and 2014 CHA assisted with the 2018 CHA which was a big advantage. Lee Community Action Network, LeeCAN, 'A Healthy Carolinians Partnership' was established in 1997. Although, Healthy Carolinians no longer exists, LeeCAN continues to work to address health priorities in the community.

REGIONAL/CONTRACTED SERVICES

The Lee County Health Department did not use any regional or contracted services in conducting the community health needs assessment.

THEORETICAL FRAMEWORK/MODEL

The theoretical framework/model of the community health needs assessment was centered on population health. The assessment was completed in March of 2019. Two types of data are analyzed for the community health needs assessment and those include primary and secondary data. Primary data was collected directly from the Lee County residents. Secondary data was collected from other sources.

COLLABORATIVE PROCESS SUMMARY

The Lee County Public Health Department led the community health needs assessment. However, several other community partners and organizations assisted with the process.

KEY FINDINGS

TOBACCO USE:

- **19%** of Lee County residents are reported to be **current smokers**.
- **51%** of Lee County residents report being **exposed to secondhand smoke** in the past 12 months.
- In Lee County, **12.8 %** of pregnant women reported **smoking during pregnancy**.
- North Carolina has seen an **increased use of electronic nicotine devices (ENDS)** since 2011.
- The North Carolina Youth Tobacco Survey reported an **increase use** of e-cigarettes in **Middle Schoolers of 430% and 894% of High Schoolers**.

SUBSTANCE ABUSE:

- In 2018, there were **1,137 visits to the Emergency Department** due to substance abuse problems.
- Opioid/Heroin overdose has consistently been **trending upward** in Lee County.
- In 2017, EMS administered **Naloxone 96 times** when responding to opioid/heroin calls.
- In North Carolina, adult residents overall experienced **3.9 poor mental health** days per month compared to **4.0 days** experienced by adult residents in Lee County.
- When Lee County residents were asked if they had ever been told by a doctor, nurse, or other health professional that they have **depression or anxiety 37.25%** of survey respondents responded “yes.”
- Lee County residents were also asked if there had been any days when feeling sad or worried kept them from going about their normal business and **24.7%** responded “yes.”

OBESITY:

- **29%** of Lee County residents **are considered obese compared** to the North Carolina residents as a whole at **32.1%**.
- The obesity rate for Lee County has remained consistent over the past seven years at **29%**.

TEEN PREGNANCY/STDs:

- Lee County consistency ranks in the **top 25 counties** in the State with regards to **teen pregnancy rates**.
- For the year 2017, **Lee County ranked 18th in the State** with 75 teen pregnancies and a teen pregnancy rate of 38.4 amongst girls aged 15-19 years of age.
- In 2017, African Americans had the highest number of teen pregnancies in Lee County at 50.4%.

HEALTH PRIORITIES

The Lee County Health Department, and LeeCAN members met with the Community Health Assessment team to review the results of the CHA on August 21, 2019.

In comparing the results of the surveys and focus group with secondary data Lee County has identified Tobacco Use/Substance Use, Obesity/Overweight and Teen Pregnancy as the health priorities for the next four years.

Tobacco use/substance use was a chosen health priority due to the increased use of e-cigarettes, vaping and second-hand smoke. Substance abuse is on the rise as well with increased use of opioids.

Obesity was chosen as a health priority due to 29% of Lee County residents being considered obese compared to the North Carolina residents as a whole at 32.1%. The obesity rate for Lee County has remained consistent over the past seven years.

Teen pregnancy continues to be an issue in the county. The county ranks in the top 25 counties in the State with regards to teen pregnancy rates. For the year 2017, Lee County ranked 18th in the State with 75 teen pregnancies and a teen pregnancy rate of 38.4 amongst girls aged 15-19 years of age.

NEXT STEPS

The top health priorities will be focused on through the development of the community action plans. The community action plans will aim to identify evidence-based strategies proven to address these health priorities as well as community partners that are also working to address continual communication with community members and organizations.

DATA COLLECTION PROCESS

METHODOLOGY

The Community Health Assessment process is accomplished by collecting, compiling and analyzing health data from primary and secondary sources. Convenience sampling was used to collect data for the Community Health Assessment. Primary data was collected through a Community Health Opinion Survey and by conducting focus groups with community members. Survey and focus group questions were designed to gauge community issues and concerns from county residents.

Community Health Opinion surveys asked community residents approximately 50 questions including which issues affect quality of life in the community and which services need the most improvement.

DATA COLLECTION & ANALYSIS

PRIMARY DATA

Community Health Opinion surveys were available in English and Spanish. Paper surveys were distributed at public locations including the local library. In addition, volunteers administered surveys with residents in the community at various locations including Helping Hands Clinic, churches and a local food bank. The surveys were also made available online on the Lee County Government website, leecountync.gov, and the county social media sites. In total 225 surveys were completed (paper and online). A copy of the survey can be found in the Appendix A.

The demographic profile of the survey participants included a wide age variance with a range of 25-64 years old. 10.50% were between 30-34 years of age. 9.94% were between 35-39 years of age. 7.73% were between 40-44 years of age. 7.18% were between 45-49 years of age. 11.60% were between 50-54 years of age. A majority of the survey respondents were female (81.5%). The Hispanic population that participated in the surveys was 13.8%. A majority of the participants were Caucasian at 73.84%, 24.42% were African American, 0.58% were American Indian/Alaskan Native and 2.34% responded as "other".

In addition, the Community Health Assessment team conducted a total of five focus groups. An average of ten participants participated per focus group. Focus groups were conducted with the following populations:

Older adults

Hispanic

Low income

Medical Professionals

Community at large

The five focus groups were conducted with various segments of the community in order to obtain a spectrum of community members' thoughts and opinions on the health of the community. The focus groups were conducted at the Lee County Enrichment Center, Garden

Street Apartment Homes, Central Carolina Hospital, El Refugio group and the Cooperative Extension. A total of eight questions were asked during the focus group sessions. The Lee County Health Department Health Education Supervisor and Health Education Specialist conducted the focus groups. No volunteers assisted with the focus groups. The themes of the questions asked were focused on addressing the health issues/concerns of the Lee County residents and understanding their challenges with accessing care. The participants were also asked questions regarding their view of Lee County's strengths and challenges.

SECONDARY DATA

The main source of secondary data for this report was the North Carolina State Center for Health Statistics, including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System (BRFSS), Vital Statistics, and the Cancer Registry. Other data sources included the U.S. Census, NC Department of Medical Assistance, and UNC Cecil G. Sheps Center for Health Services.

PEER COUNTIES

After primary and secondary data was collected, health data from Lee County was compared to data from peer counties and with rates for the state of N.C. overall. Lee County's peer counties include Burke, Caldwell, Rockingham, Surry and Wilkes Counties.

Peer counties are determined by Health Stats, which is North Carolina's interactive health statistics website. This site provides statistical numerical data as well as contextual information on the health status of North Carolinians and the state of North Carolina's health care system.

Peer counties were selected based on (1) population size (2) number of individuals living below the poverty level (3) population under 18 years of age (4) population 65 years of age and older and (5) population density.

LIMITATIONS

A common limitation being outside of an urban center is the lack of current, local level data to track trends, and identify topics of concern.

There were a number of limitations in collecting an adequate number of community health opinion surveys. The limitations include: limited staff available, the length the survey and language barrier issues with non-English speaking population.

COMMUNITY PROFILE

LEE COUNTY HISTORY



Lee County was the 98th county formed in North Carolina.

The county was formed in 1907 from parts of Chatham County, Moore County and Harnett County. It was named for the Confederate hero Robert E. Lee who fought during the American Civil War.

The county has historically been one of the leading brick manufacturing areas in the United States. Cotton and Tobacco are leading crops in the county.

COUNTY GEOGRAPHY

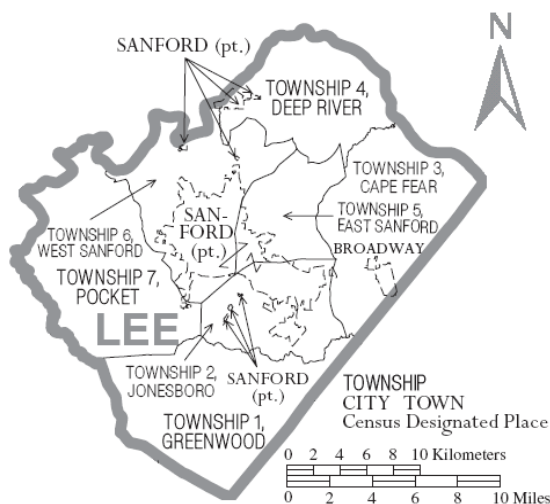
Lee County is situated in the geographic center of North Carolina, dividing the Piedmont and the Coastal Plain. The county seat is Sanford. The motto of the city of Sanford is 'well centered'. According to the U.S. Census Bureau, the county has a total area of 259 square miles, of which 255 square miles is land and 4.1 square miles is water.

Lee County is bordered by Chatham County on the North, Harnett County on the Southeast and Moore County on the Southwest. The county sits in the middle of the Triassic Basin and has the state's most concentrated reserves of oil and natural gas. Lee County is the epicenter for future horizontal drilling in North Carolina.

The county is divided into eight townships: Greenwood, Jonesboro, Cape Fear, Deep River, East Sanford, West Sanford, Pocket and Tramway.

Several major highways run through the county including US Highway 1, US Highway 421, NC 42, NC 87 and NC 15-501.

Figure 1: Map of Lee County, NC Townships



LEE COUNTY DEMOGRAPHICS

POPULATION

According to the US Census Bureau, the estimated population of Lee County as of July 1, 2017 was 60,430. The county population has grown by 4.4% since April 1, 2010 when the population was an estimated 57,866.

There are an estimated 21,691 households in Lee County with an average of 2.71 persons per household. 17.9% of households speak a language other than English at home and 6% of residents are not proficient in English. 10.5% of the population under age 65 have a disability.

AGE

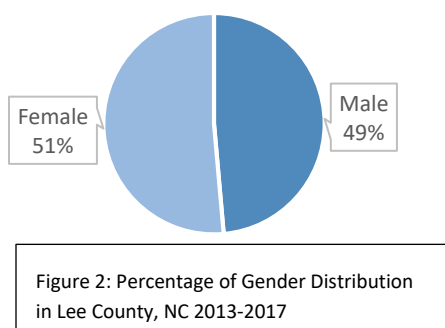
A majority of Lee County residents are older than 18 years old, with the median age being 37.9

TABLE 1: AGE DISTRIBUTION FOR LEE COUNTY VS. NORTH CAROLINA

Age Distribution	Lee County	North Carolina
Persons Under 5 Years, percent 2017	6.2	5.9
Persons Under 18 Years, percent 2017	24.3	22.4
Persons 65 Years and Older, percent 2017	15.9	15.9

Source: US Census Bureau

GENDER



In Lee County, 48.6 % of the population is Male and 51.4% of the population is Female. This closely mirrors the state of 48.7% male and 51.3% female. According to the 2010 census, the median age for males is 36.5 and the median age for females is 39.9.

RACE/ETHNICITY

The Hispanic population in Lee County comprises 19.3% of the total population in the county; compared to 9.1% of North Carolina total residents. Approximately 17.9% of households speak a language other than English at home and 6% of residents are not proficient in English. This presents a challenge when dealing with situations such as communication during natural disasters or public health advisories.

TABLE 2: LEE COUNTY RACE AND ETHNICITY DISTRIBUTION

Lee County Race/Ethnicity	2013	2017
White	67.3%	72.2%
Black	19.2%	19.1%
Native American	0.5%	0.7%
Asian/Pacific Islander	1.2%	1.0%
Two or More Races	2.3%	2.6%
Other	9.3%	4.3%
Hispanic/Latino	18.8%	19.3%

Source: US Census Bureau American Community Survey-2017

LIFE EXPECTANCY

Life expectancy is the average number of years a person at a given age would be expected to live if current mortality conditions were consistent throughout their lifetime. One of the indicators of the health of a population overall is life expectancy.

Life expectancy has steadily increased in the United States due to factors such as regular exercise, better diets and avoiding tobacco. However, disparities in life expectancy exist between men and women and between whites and blacks. In the United States, life expectancy has decreased for the third year in a row in 2017. The Centers for Disease Control (CDC) has attributed the decrease in American life expectancy to “despair deaths” such as deaths from alcoholism, drugs and suicide. Other contributing factors to the decrease in life expectancy is: obesity, poverty and social isolation.

Life expectancy rates in Lee County and for the state of N.C. is higher for females with regards to sex. As far as race is concerned, whites have a higher life expectancy when compared to African Americans. Lee County life expectancy rates are slightly lower than the state overall for both sexes and races.

TABLE 3: 2015-17 NORTH CAROLINA AND LEE COUNTY LIFE EXPECTANCY AT BIRTH

			Sex				Race			
			Male		Female		White		African American	
	L.E	C.I. (95%)	L.E.	C.I.(95%)	L.E.	C.I.(95%)	L.E.	C.I. (95%)	L.E.	C.I. (95%)
NC	78	77.9-78	75.5	75.4-75.5	80.4	80.3-80.5	78.8	78.7-78.8	75.7	75.6-75.8
Lee	75.9	75.1-76.7	73	71.9-74.1	78.7	77.7-79.8	77.8	77.0-78.6	71.1	69.4-72.9

Source: NC State Center for Health Statistics: Life Expectancy: State and County

Life expectancy rates for whites increased by approximately four years from 1990-2013 and then decreased slightly by 2015-17. Blacks experienced an almost three-year increase during

this time period. There was a discrepancy in life expectancy amongst racial categories in 1990-1992 and the discrepancy continues to exist in 2015-17.

TABLE 4: LEE COUNTY LIFE EXPECTANCY RATES BY RACE OVER TIME

Race	Year 1990-1992	Year 2006-2008	Year 2015-2017
White	74.8	78.5	77.8
Black	68.7	74.7	71.1

Source: NC State Center for Health Statistics: Life Expectancy: State and County

HEALTH OF LEE COUNTY

LEADING CAUSES OF DEATH IN LEE COUNTY

The ten leading causes of death in Lee County has remained the same since the 2014 CHA; however, the ranking order has shifted slightly. Cancer of all sites is the leading cause of death for Lee County residents followed by heart disease; this mirrors the same trend for all North Carolinians. The cancer death rate for Lee County increased slightly to 184.4 deaths per 100,000 population in 2013-17 compared to 181.1 per 100,000 population from 2009-13. The death rate from cancer and heart disease rate for Lee County continues to remain higher than the death rate for the state of NC overall.

Also, of note, the death rate for Motor Vehicle injuries in Lee County is twice that of the rate for the entire state. Additionally, there has been a significant increase in the deaths from Alzheimer's disease was observed in the last four years.

TABLE 5: 2013-17 THE LEADING CAUSES OF DEATH FOR LEE COUNTY VS. NORTH CAROLINA

Cause of Death	Number of Deaths	Lee County Death Rate	NC Death Rate
Cancer- all sites	659	220.4	164
Diseases of the heart	589	197.0	159.8
Chronic Lower Respiratory Disease	152	50.8	45.5
Cerebrovascular Disease	149	49.8	43.2
Alzheimer's Disease	129	43.1	33.7
Diabetes	96	32.1	23.3
Other Unintentional Injuries	93	31.1	34.6
Motor Vehicle Injuries	88	29.4	14.2
Nephritic Syndrome	57	19.1	16.6
Pneumonia & Influenza	54	18.1	17.6

Source: NC State Center for Health Statistics, Rates are per 100,000 population

CANCER

Cancer is the number one cause of death for North Carolinians and Lee County residents. Cancer is a class of diseases in which a group of cells display uncontrolled growth, invasion and sometimes metastasis which means spreading to other locations in the body through lymph or blood. The risk of cancer increases with age and varies with gender and race. Early diagnosis and treatment can aid in reducing deaths from cancer. Individuals can reduce their risk from cancer by adopting healthy lifestyle that includes: avoiding tobacco use, maintaining optimal weight, balanced diet with fruits and vegetables, regular physical activity and avoiding sun exposure.

A slight decrease in the cancer death rate for Lee County was observed in the past four years. The cancer death rate for Lee County for 2013-17 was 168.3 per 100,000 population compared to 181.1 per 100,000 deaths per 100,000 from 2010-13. Cancer of the trachea, bronchus and lung was the most common type of cancer.

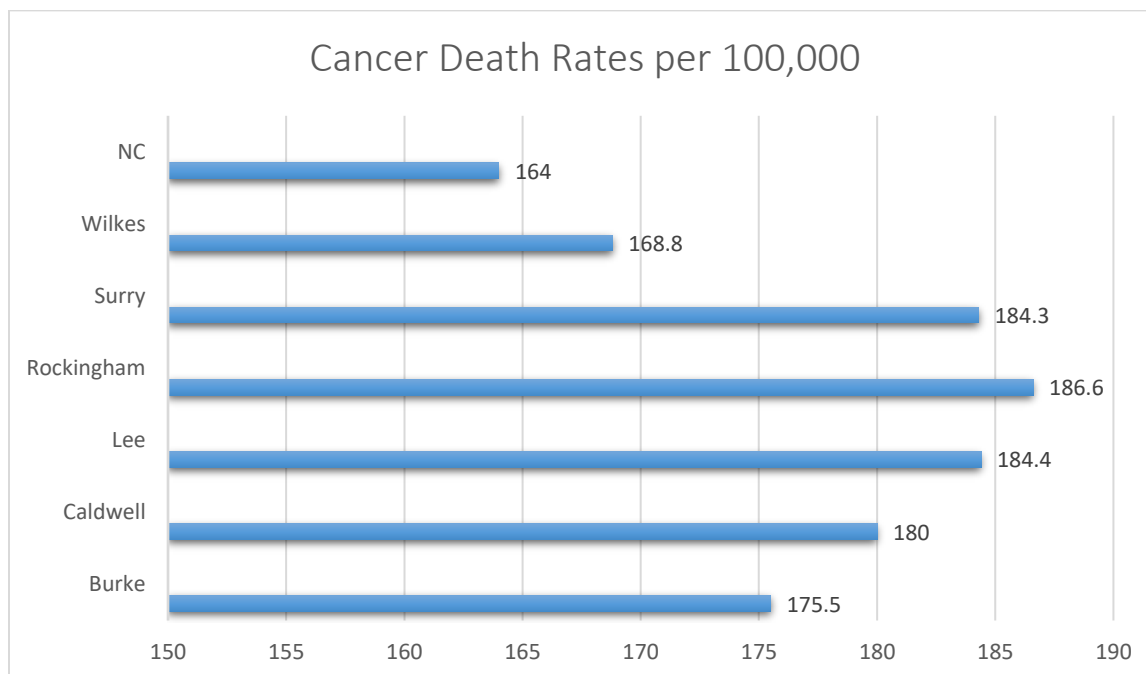


Figure 3: Cancer Death Rates per 100,000 for Lee County and peer counties

Source: NC State Center for Health Statistics, County Health Data Book

The cancer death rate for both White and African American males was significantly higher for Lee County residents and the state of N.C. overall. African American males experienced the highest rates of cancer deaths with 317.3 cancer deaths per 100,000.

TABLE 6: CANCER DEATH RATES BY SEX AND RACE FOR 2013-17

	White				African American			
	Male		Female		Male		Female	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Lee	261	228.9	229	149.2	89	317.3	62	164.5
N.C.	39,338	198.2	34,128	136.8	10,211	243.6	9,491	152.4

Source: NC Center for Health Statistics

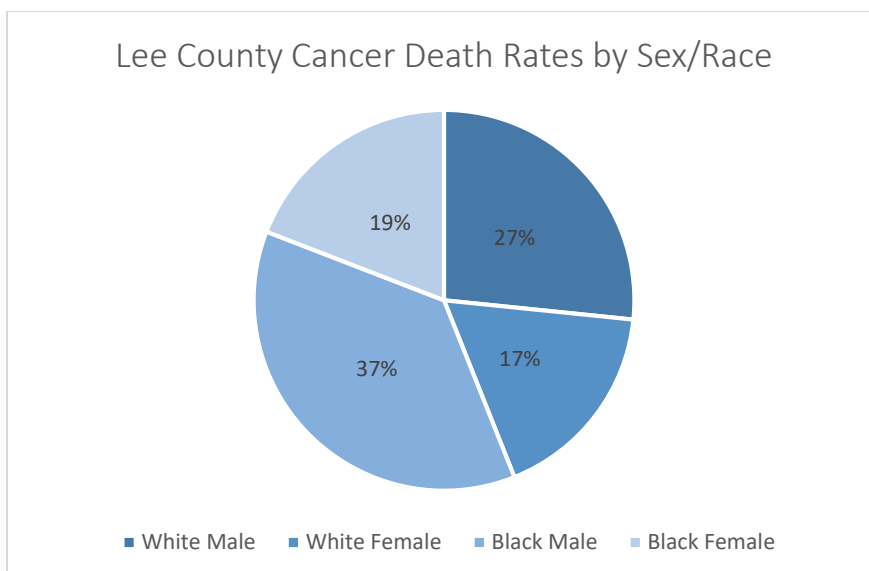


Figure 4: Lee County cancer death rates by sex and race

Source: NC State Center for Health Statistics

Furthermore, cancer incidence rates have remained stable throughout the years in Lee County. Female breast cancer has the highest incidence rate of 143.2 per 100,000 followed by prostate and lung cancer.

Female breast cancer is the type of cancer with the highest incident rate of 143.2 cases per 100,000 population, followed by prostate cancer at a rate of 125.1 cases per 100,000

TABLE 7: 2013-17 CANCER INCIDENCE RATES FOR SELECTED SITES PER 100,000 POPULATION

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	Case	Rate	Case	Rate	Case	Rate	Case	Rate
Lee	142	40.2	252	68.0	264	143.2	219	125.1
N.C.	21,005	36.0	39,804	66.0	50,083	160.2	32,507	111.9

Source: NC State Center for Health Statistics

HEART DISEASE

Heart disease, which includes: coronary heart disease, heart attack, congestive heart failure, and congenital heart disease, is the second leading cause of death for men and women in both Lee County and North Carolina overall. Individuals can lower their risk from heart disease by: quitting smoking/don't smoke, lowering cholesterol, controlling blood pressure, maintaining a healthy weight and physical activity.

Lee County heart disease death rates continues to decline, from 185.8 per 100,000 from 2010-13 to 168.3 per 100,000 population from 2013-17.

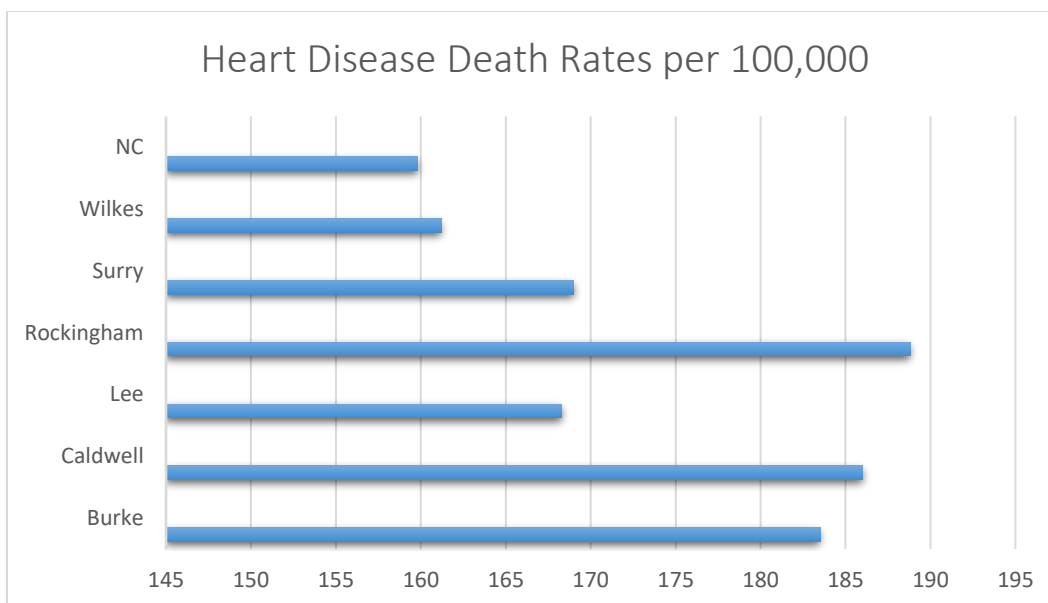


Figure 5: Heart Disease Rates per 100,000 for Lee County compared to NC and peer counties

Source: NC State Center for Health Statistics, County Health Data Book

Males have a higher death rate for Heart Disease across all races in both Lee County and North Carolina overall. However, African American males and females both experienced higher rates of death from heart disease when compared to whites.

TABLE 8: HEART DISEASE DEATH RATES BY SEX AND RACE FOR 2013-2017

	White				African American				Hispanic			
	Male		Female		Male		Female		Male		Female	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Lee	248	228.5	209	124.1	61	247.0	58	165	8	NA	3	NA
N.C.	37,721	202.2	34,411	122.2	9,674	241.8	8,796	145.9	461	67.7	331	49.9

Source: NC State Center for Health Statistics

Note: Rates based on fewer than 20 cases (indicated by 'NA' are unstable and have been suppressed).

CHRONIC LOWER RESPIRATORY DISEASE

According to the Centers for Disease Control and Prevention, the following populations are more at risk for Chronic Lower Respiratory Disease:

- People aged 65–74 years
- Non-Hispanic whites
- Women
- Individuals who were unemployed, retired, or unable to work
- Individuals with less than a high school education
- People with lower incomes
- Individuals who were divorced, widowed, or separated
- Current or former smokers
- Those with a history of asthma

Lee County residents that are at a higher risk for Chronic Lower Respiratory Disease are those who are 40 years or older, have a history of smoking, live in an area where there is increased environmental pollutants in the atmosphere or work in an environment where they constantly breathe in harmful pollutants.

Approximately 51% of the Community Health Opinion survey respondents reported being exposed to secondhand smoke in the past year. The majority of those that reported being exposed to secondhand smoke said they were exposed to secondhand smoke in their homes. Only 10% of survey respondents reported being smokers themselves. According to the 2018 County Health Rankings 19% of Lee County residents smoke compared to 18% for the state overall.

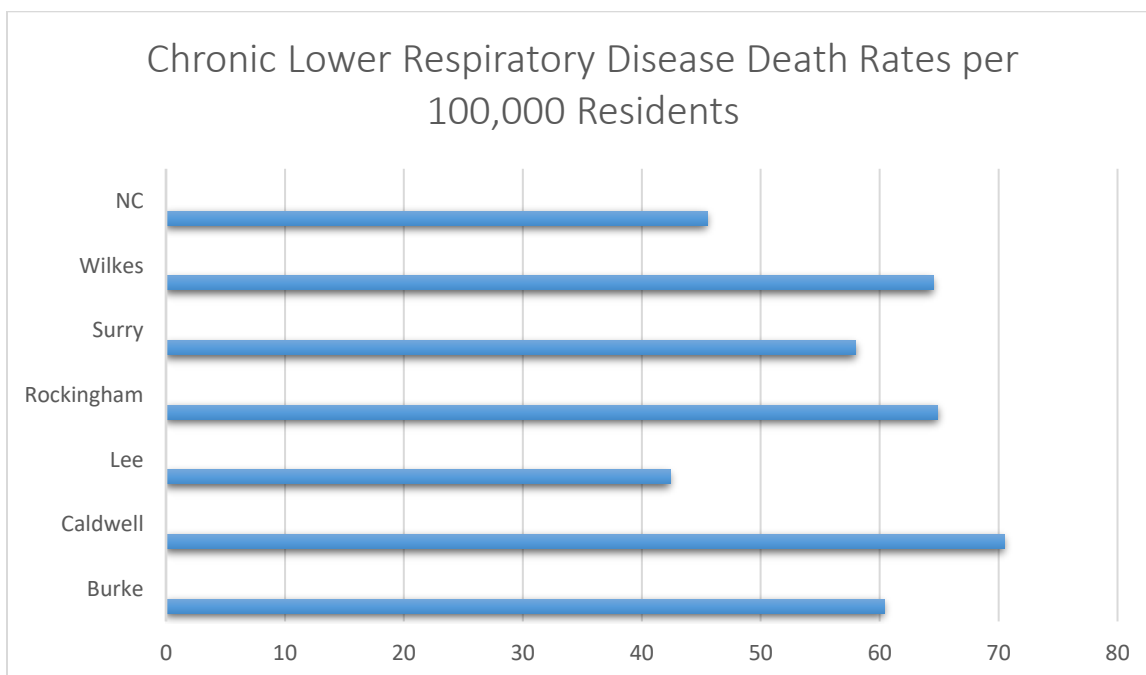


Figure 6: Chronic Lower Respiratory Disease Death Rates per 100,000 for Lee County compared to North Carolina State and peer counties.

Source: NC State Center for Health Statistics, County Health Data Book

CEREBROVASCULAR DISEASE

Cerebrovascular disease (stroke) is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. Although they are more common in older adults, strokes can occur at any age. Stroke is the fifth cause of death in the United States and the number one cause of adult disability. Fortunately, up to 80 percent of all strokes are preventable by making lifestyle changes such as controlling high blood pressure, losing weight or maintaining a healthy weight, and not smoking.

Cerebrovascular disease death rates have remained consistent in Lee County and are comparable to the stroke rate for NC overall since the 2014 CHA. Stroke is the fourth leading

cause of death in Lee County. Between, 2013-17, 149 Lee County residents died due to a stroke. Stroke rates were about the same for males versus females.

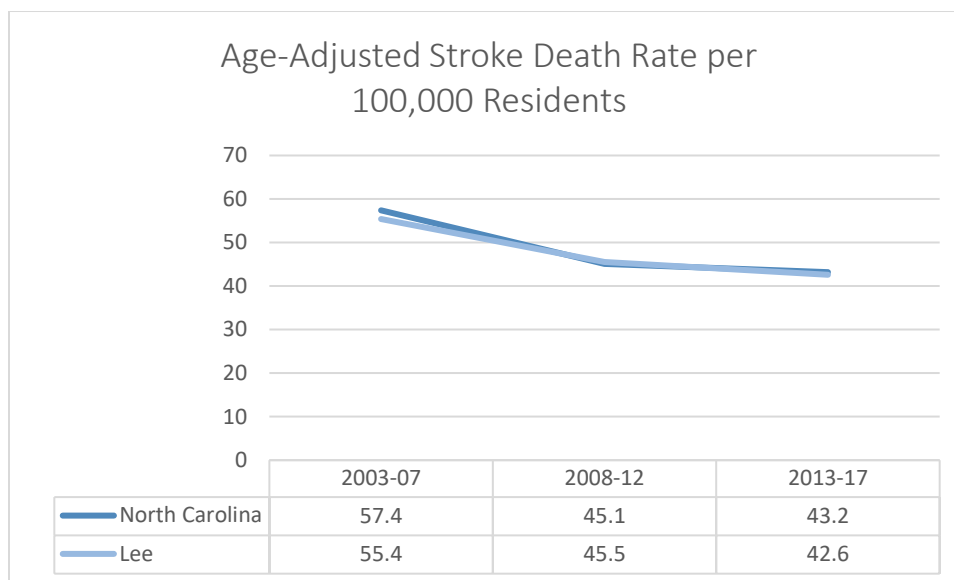


Figure 7: Age Adjusted Stroke Death Rates per 100,000 for Lee County compared to North Carolina State.
Source: NC State Center for Health Statistics, County Health Data Book

ALZHEIMER'S DISEASE

Alzheimer's disease is the most common cause of dementia among older people. Symptoms typically first start appearing after age 65. The National Institute on Aging estimates that as many as 5 million Americans age 65 and older may have Alzheimer's disease.

Alzheimer's disease is now the fifth leading cause of death in Lee County. At the time of the last CHA in 2014 Alzheimer's disease was the eighth cause of death. There has been a significant increase in the Alzheimer's disease death rate in Lee County and in NC since 2010-13. From 2013-17, there were a total of 129 deaths from Alzheimer's disease in Lee County. The Alzheimer's death rate was 37.0 per 100,000. The Alzheimer's death rate for 2010-13 was 20.9. White females continue to be disproportionately affected with 80 out of the 129 deaths were amongst white females.

Deaths from Alzheimer's disease was most prevalent amongst White females in Lee County. In North Carolina overall Alzheimer's has affected more than twice the number of females versus males.

TABLE 9: NUMBER OF ALZHEIMER'S DISEASE DEATHS PER RACE/SEX 2013-2017

	White		African American	
	Males	Females	Males	Females
Lee	33	80	4	11
N.C.	4,492	10,825	473	129

Source: NC State Center for Health Statistics

DIABETES

Diabetes is a serious and costly disease that has reached epidemic proportions in the United States in the past decade. According to the National Institutes of Health, diabetes prevalence is greatest among adults with limited educational attainment and a low socioeconomic background. However, regardless of income and education levels, the proportions of African Americans and Native Americans in North Carolina who have diabetes are greater than the proportion among whites.

The incidence and prevalence of diabetes have increased dramatically during the past 15 years. Diabetes is an area for much concern for Lee County residents. The mortality rate for Diabetes has increased from 19.1 deaths per 100,000 in 2010 to 29.5 deaths per 100,000 population in 2013. From 2013-17 the diabetes death rate in Lee County was 26.5 per 100,000 population.

When comparing Diabetes death rates amongst sex and race, African American females experienced the highest rate of death at a rate of 69.8 deaths per 100,000 population in Lee County. The death rate for African American females in NC was significantly less at 37.6 deaths per 100,000.

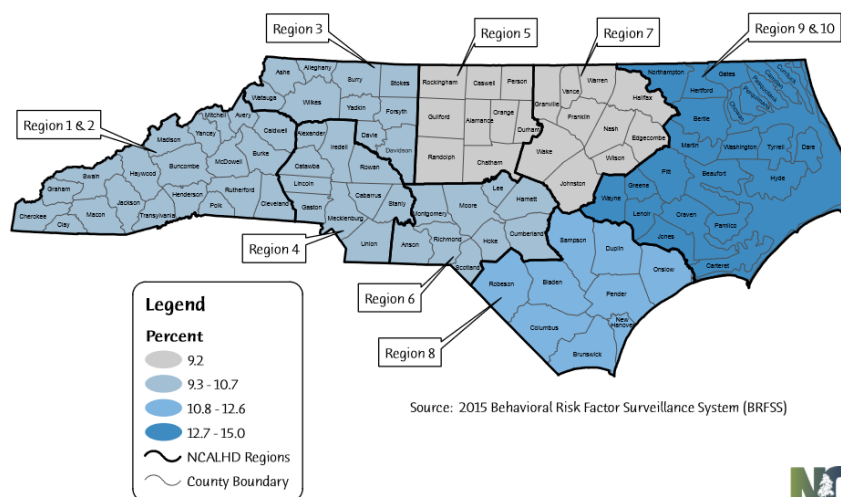
TABLE 10: DIABETES DEATH RATES BY RACE/SEX – 2013-2017

	White				African American			
	Males		Females		Males		Females	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Lee	29	24.9	24	13.8	16	NA	25	69.8
NC	4,816	24.4	3,721	14.8	2,198	52.5	2,292	37.6

Note: Rates based on fewer than 20 cases (indicated by NA) are unstable and have been suppressed.

Source: NC State Center for Health Statistics, County Health Data Book

Figure 8: Percentage of North Carolina Adults who Answered Yes to: “Has a doctor, nurse or other health professional ever told you that you have diabetes?”



Approximately 12.8% of the Community Health Opinion survey respondents reported being told by a doctor, nurse, or other health professional that they have diabetes.

According to the Robert Woods Johnson Foundation's County Health Rankings 14% of county residents are diabetic compared to 11%

for NC overall. Furthermore, according to CDC BRFSS data, NC ranks 18th in the US with regards to diabetes prevalence. An estimated 10.8% of North Carolinians have diabetes. There is a higher prevalence amongst residents in the Eastern and Southeastern part of the state.

OTHER UNINTENTIONAL INJURIES

Other unintentional injuries was the sixth leading cause of death for Lee County residents. Deaths from unintentional injuries includes deaths from falls, fires and burns, drownings, suffocation and poisonings. The number of deaths from unintentional poisonings in NC has increased by nearly 300 percent since 1999 according to the NC Injury and Violence Prevention Branch. Poisoning is the second leading cause of unintentional deaths. The majority of unintentional poisonings deaths are drug or drug related. Opioid deaths involving medications such as methadone, oxycodone and hydrocodone have increased significantly.

At the time of the 2010 CHA other unintentional injuries was not included in the top ten causes of death for residents. The Lee County Death rate for other unintentional injuries was 28.8 per 100,000 population, which was about the same or slightly lower than its peer counties for the 2009-13 time period. There were 39 poisoning deaths in Lee County from 2010-13. Other unintentional injuries is now the seventh cause of death in Lee County with a death rate of 31.8 deaths per 100,000 population. Deaths from unintentional injuries has surpassed the number of deaths from motor vehicle injuries. This is an increase that has been observed nationwide due to the spike in deaths due to overdose from opiates. These are deaths that are preventable.

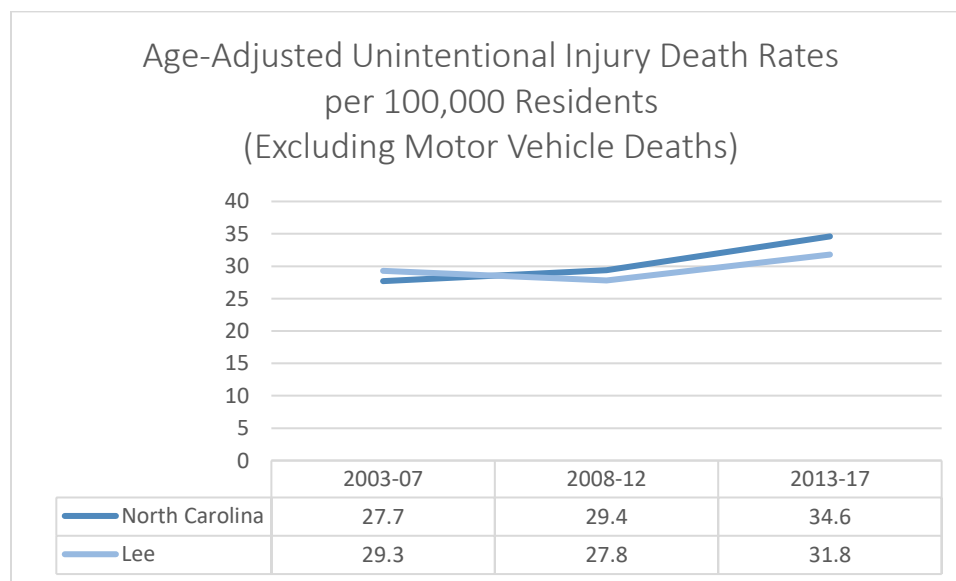


Figure 9: Age Adjusted Unintentional Injury Death Rates per 100,000 Residents (excluding Motor Vehicle Deaths) for Lee County compared to NC

Source: NC State Center for Health Statistics, County Health Data Book

MOTOR VEHICLE INJURIES

Motor vehicle-related injuries are a leading cause of death for people in the United States as well as worldwide. According to the Centers for Disease Control (CDC), road traffic crashes are the leading cause of death in the first three decades of life.

Deaths from unintentional motor vehicle injuries remain in the top ten causes of death for Lee County, changing in rank from the sixth leading cause of death for the 2010 CHA to the eighth cause of death for 2010-13 with 23.9 deaths per 100,000 population. The N.C. death rate for the same time period was 13.7 per 100,000.

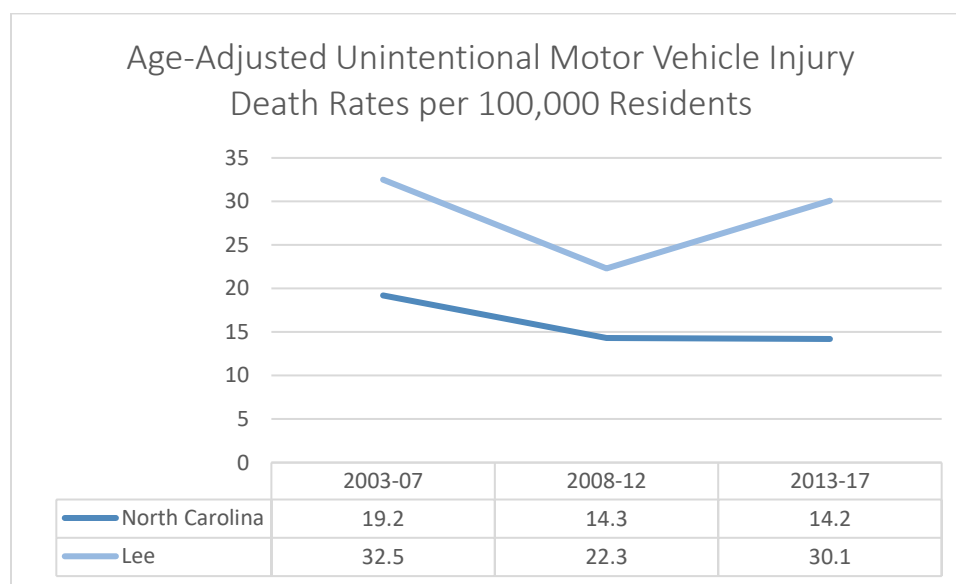


Figure 10: Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents for Lee County compared to NC

Source: NC State Center for Health Statistics, County Health Data Book

From 2012-16 there was an average of 11 motor vehicle deaths per year in Lee County. The death rate for motor vehicle injuries in Lee County continues to exceed the rate for the state of N.C. Approximately 31% of motor vehicle related injuries or deaths in 2018 were from individuals who had a thirty minute or longer commute to their work and were commuting alone. 86% of those individuals drove alone to their jobs in Lee County in 2018. Approximately twenty-seven percent of fatal crashes during this time period were alcohol related and therefore preventable deaths. Lee County experiences an issue with opioid abuse which is also a contributing factor to motor vehicle injuries and deaths.

TABLE 11: LEE COUNTY MOTOR VEHICLE DEATHS: 5 YEAR TREND

2012	2013	2014	2015	2016	5 Year Average
4	15	8	21	7	11

Source: NC Division of Motor Vehicles

NEPHROTIC SYNDROME

Nephritis and nephrotic syndrome/nephrosis are renal (kidney) disorders. Nephritis is any inflammation of the kidneys, while nephrotic syndrome (also known as nephrosis) is a kidney disease resulting from damage to the blood vessels that filter waste from the blood. These conditions can result from infections, drug exposure, malignancy, hereditary disorders, immune disorders, or diseases that affect multiple body systems (e.g., diabetes and lupus).

In 2017 nephrotic syndrome was the ninth cause of death for the United States with an estimated 50,046 deaths according to the CDC. This complex of kidney disorders represented the ninth leading cause of death in Lee County from 2009-13 with a death rate of 16 per 100,000. Between the years 2013-17 there were a total of 57 deaths and the death rate was 16.1 deaths per 100,000.

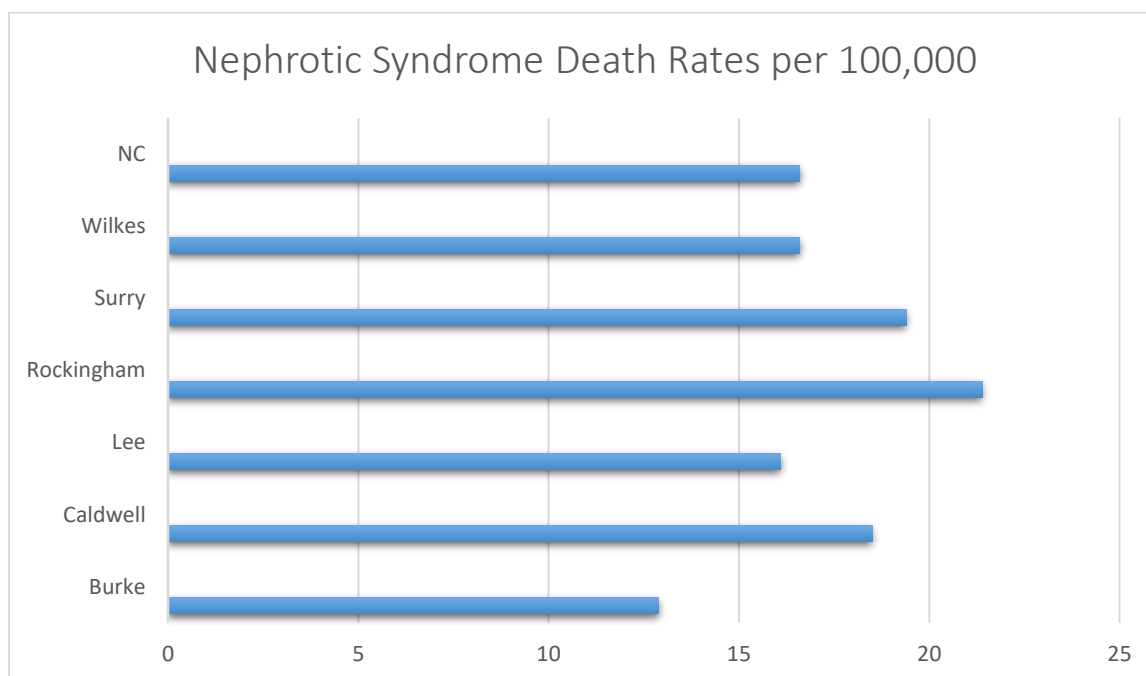


Figure 11: Nephrotic Syndrome Death Rates per 100,000 residents for Lee County compared to peer counties and North Carolina State.

Source: NC State Center for Health Statistics, County Health Data Book

PNEUMONIA AND INFLUENZA

Pneumonia, an infection of the lungs, can cause illness ranging from mild to severe in people of all ages. According to the CDC, each year in the United States, about 1 million people are hospitalized with pneumonia, and about 50,000 people die from the disease. Most of the hospitalizations and deaths from pneumonia in the United States are in adults.

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Flu can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at

high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.

Pneumonia and Influenza were the tenth leading cause of death for Lee County for 2013-17. Lee County had the lowest death rates for pneumonia and influenza from 2013-17 when compared to its peer counties and the state rate. Sixty percent of community health opinion survey respondents said they received the flu shot or flu mist in the past year.

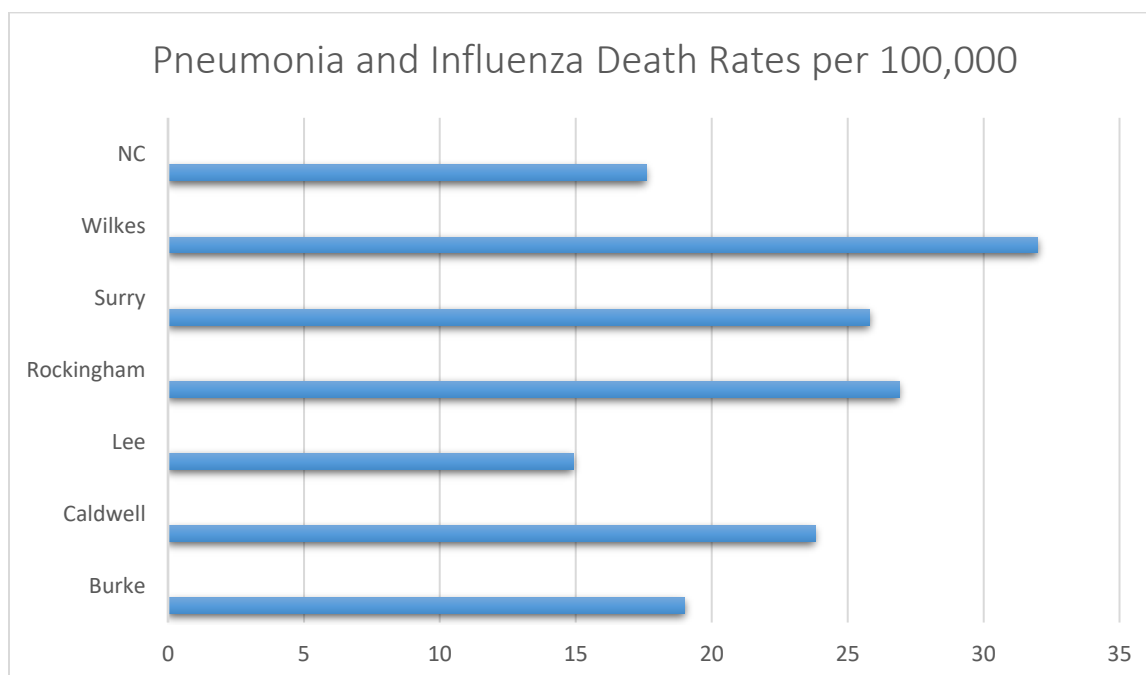


Figure 12: Pneumonia and Influenza Death rates per 100,000 residents for Lee County compared to peer counties and North Carolina State.

Source: NC State Center for Health Statistics, County Health Data Book

The Healthy NC 2020 target is to reduce the pneumonia and influenza mortality rate (per 100,000 population) to 13.5. Lee County's mortality rate for 2013-17 was 14.9. The majority of deaths (45 out of 54) from influenza/pneumonia in Lee County were amongst whites. The death rate for NC during the same time period was 17.6.

INFANT MORTALITY

The infant mortality rate in 2017 for Lee County was 10.5 deaths per 1,000 live births. The rate for the same time period for the state of N.C. was 7.1. Lee County has the highest infant mortality rate when compared to its peer counties. The infant disparity ratio, the ratio of African American infant mortality rate to the White infant mortality rate, for 2013-17 was 2.89 for Lee County and 2.4 for the state.

TABLE 12: 2017 INFANT MORTALITY RATES FOR LEE COUNTY, PEER COUNTIES AND N.C.

	Deaths	Rate
Burke	9	9.7
Caldwell	6	7.7
Lee	8	10.5
Rockingham	4	4.7
Surry	4	5.4
Wilkes	2	3.1
NC	852	7.1

Source: State Center for Health Statistics

In 2016 Lee County Health Department received funds to hire an infant mortality reduction program coordinator. The infant mortality reduction program coordinator has worked to address factors that contribute to infant mortality such as safe sleep and car seat safety. The Health Department began offering free car seat safety checks as well as providing free courses on safe sleep.

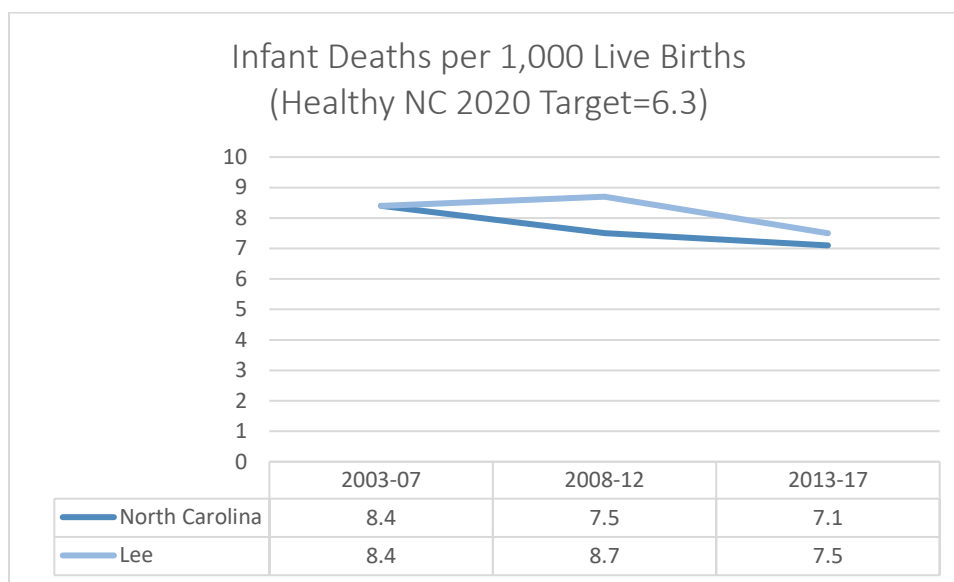


Figure 13: Infant Deaths per 1,000 live births for Lee County compared to NC

Source: State Center for Health Statistics

MORBIDITY – CHRONIC DISEASE RATES

RESPIRATORY DISEASE/ILLNESS

TUBERCULOSIS

There were a total of four cases of Tuberculosis reported in Lee County between 2015-17. The number of Tuberculosis cases in Lee County continues to remain low.

TABLE 13: TUBERCULOSIS CASES AND RATES FOR LEE COUNTY AND N.C. 2015-17

	2015		2016		2017	
	Case	Rate	Case	Rate	Case	Rate
Lee	2	3.3	0	0	2	3.3
NC	199	2.0	219	2.2	213	2.1

Source: N.C. Division of Public Health; Tuberculosis Control Program

ASTHMA

Asthma is a long-term lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath and coughing. Asthma affects people of all ages, but most often starts in childhood. In the United States, more than 25 million people are known to have asthma according to the National Lung, Heart and Blood Institute. About 7 of the 25 million are children.

Lee County had the second highest total rate for hospital discharges with a primary diagnosis of asthma for the year 2014 and sixteen cases of asthma amongst individuals aged 0-14 years.

TABLE 14: 2014 N.C. HOSPITAL DISCHARGES WITH A PRIMARY DIAGNOSIS OF ASTHMA

Residence	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
Burke	48	53.6	15	104.9
Caldwell	45	55.2	12	86.2
Lee	56	93.9	16	126.2
Rockingham	110	120.0	29	184.9
Surry	48	65.8	9	68.8
Wilkes	38	55.2	6	50.6

Note: Numbers and Rates per 100,000 population

Source: N.C. Center for Health for Health Statistics

STI'S/HIV

CHLAMYDIA

Chlamydia continues to be the most common sexually transmitted disease in the state and in Lee County. The rate of Chlamydia for Lee County was significantly higher than most of the peer counties from 2014-17. However, the rate of cases per 100,000 population in Lee County did not exceed the rate of Chlamydia cases in the state of NC overall for any year.

TABLE 15: CHLAMYDIA CASE RATES PER 100,000 POPULATION

County	2014	2015	2016	2017
Burke	226.8	303.5	320.9	374.0
Caldwell	225.3	344.1	254.3	292.8
Lee	458.8	464.1	557.4	541.1
Rockingham	279.8	316.1	412.7	389.2
Surry	215.0	234.6	256.8	294.9
Wilkes	227.9	244.4	222.9	255.2
N.C.	502.5	541.6	571.8	612.2

Source: NC HIV/STD 2017 Surveillance Report

GONORRHEA

During 2014-17 Gonorrhea rates in Lee County remained consistently high compared to its peer counties. In 2016 the rate of Gonorrhea cases in Lee County exceeded the state rate.

TABLE 16: GONORRHEA CASE RATES PER 100,000 POPULATION

County	2014	2015	2016	2017
Burke	24.8	45.1	77.7	184.8
Caldwell	33.1	28.2	69.7	126.9
Lee	95.8	136.2	239.3	162.2
Rockingham	101.3	110.1	206.9	199.0
Surry	24.8	20.8	47.2	63.7
Wilkes	21.9	11.7	39.3	70.0
N.C.	150.6	169.8	194.2	220.9

Source: NC HIV/STD 2017 Surveillance Report

SYPHILIS

There has been a surge in syphilis cases in North Carolina since the 2014 CHA. In 2013 there were 4.3 cases of syphilis per 100,000 NC residents compared to 18.2 cases per 100,000 residents in 2017. Lee County ranked 39th in the state based on the three year average rate per 100,000 population.

TABLE 17: PRIMARY AND SECONDARY SYPHILIS CASES AND RATES PER 100,000 POPULATION

County	2015	2016	2017	2015-2017
Burke	0	7	13	7.5
Caldwell	5	4	6	6.1
Lee	8	6	4	10.0
Rockingham	4	7	13	8.8
Surry	3	4	4	5.1
Wilkes	6	1	2	4.4
N.C.	1,870	1,823	1,844	18.2

Source: NC HIV/STD 2017 Surveillance Report

As of December 31, 2017, there were 35,045 people diagnosed with HIV and residing in the state of NC. One 188 people diagnosed with HIV reside in Lee County. Lee County was ranked thirty-eighth out of all NC counties for new HIV infection cases based on the three-year average rate for 2015-17. The three-year average rate for new HIV infection cases for Lee County from 2015-17 was 10.8 per 100,000 population compared to 10.1 per 100,000 population from 2011-13. The three-year average rate for new HIV infection cases for the state of NC was 15.8 per 100,000 population.

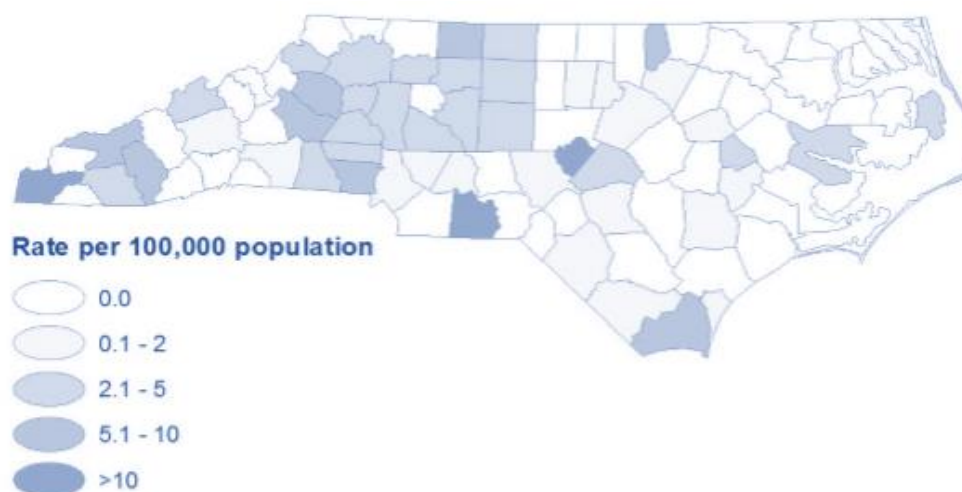
TABLE 18: NEW HIV INFECTION CASES BY COUNTY 2015-17

County	2015	2016	2017	2015-2017
Burke	6	5	6	7.3
Caldwell	4	4	5	6.2
Lee	7	5	4	10.8
Rockingham	5	3	5	10.2
Surry	3	3	0	3.3
Wilkes	1	4	2	4.0
N.C.	15.9	16.3	15.2	15.8

Source: NC HIV/STD 2017 Surveillance Report

HEPATITIS B

In recent years there has been a sharp increase of Hepatitis B cases in North Carolina. This increase has been attributed to the number of individuals sharing contaminated needles to inject heroin.



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 3, 2018).

Figure 14: Newly Diagnosed Acute Hepatitis B Rates in North Carolina by County of Residence at Diagnosis, 2017

MATERNAL AND CHILD HEALTH

In 2017 there were a total of 759 births in Lee County. 62.7% of pregnant women began receiving their prenatal care during their first trimester. 10% of the pregnant mother reported

smoking during their pregnancy. At the time of discharge, according to the NC State Center for Health Statistics, 83.1% of newborns were being breastfed in Lee County.

The pregnancy rate for Lee County and the state overall has decreased in the past four years. The pregnancy rate state went from 74.3 per 1,000 residents in 2009-13 to 71.7.

TABLE 19: 2013-17 LEE COUNTY AND NC PREGNANCY RATES PER 1,000 POPULATION: FEMALES AGES 15-44, BY RACE

	Total Pregnancies	Rate	White Non-Hispanic	Rate	Af. Am. Non-Hispanic	Rate	Other Non-Hispanic	Rate	Hispanic Pregnancies	Rate
Lee	4,528	80.4	2,127	71.7	1,059	85.5	79	66.7	1,241	96.8
N.C.	715,309	71.7	373,063	62.6	195,611	79.5	40,068	77.6	102,458	98.8

Source: NC State Center for Health Statistics; County Health Data Book

Lee County experienced higher rates of low birth rates than the state of N.C. overall. The rate of low birth weights for African Americans was nearly twice the rate as the White rate.

Unfortunately, this has not changed since the last Community Health Assessment in 2014.

TABLE 20: 2013-17 NUMBER AND PERCENT OF LOW (\leq 2500 GRAMS) AND VERY LOW (\leq 1500 GRAMS) WEIGHT BIRTHS BY RACE AND ETHNICITY FOR LEE COUNTY AND N.C.

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Wt.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
NC	Low	54,903	9.1	48,522	9.5	25,024	7.5	20,224	14.1	3,274	9.4	6,381	7.1
	Very Low	10,348	1.7	9,200	1.8	4,092	1.2	4,640	3.2	468	1.3	148	1.3
Lee	Low	368	9.5	290	10.6	156	8.5	128	15.4	6	8.6	78	7.0
	Very Low	64	1.7	54	2.0	26	1.4	28	3.4	0	0	10	0.9

Source: NC State Center for Health Statistics County Health Data Book

TEEN PREGNANCY

Teen pregnancy has been a concern and health priority in Lee County for many years. Lee County consistently ranks in the top 25 counties in the state with regards to teen pregnancy rates. However, the total number of teen pregnancies has decreased throughout the state and Lee County.

At the time of the 2010 CHA, Lee County was ranked eighth in the state for teen pregnancy. In 2017 Lee County ranked 18th in the state with 75 teen pregnancies and a teen pregnancy rate of 38.4 amongst girls aged 15-19 years of age. African Americans have the highest teen pregnancy rate, followed by Hispanics and then whites. Almost a quarter of teen pregnancies in 2017 were repeat pregnancies.

The Teen Advisory Council (formerly the Positive Behavior Taskforce) continues to meet quarterly with partners from the community to address teen pregnancy prevention strategies. All of these efforts have contributed to the decrease in the incidence and prevalence of teen pregnancy in Lee County, especially in the Hispanic/Latino population.

TABLE 21: 2017 LEE COUNTY TEEN PREGNANCIES

Teen Pregnancy Rates	Rate/percent
Number of pregnancies among 15-19 year-old girls	75
Teen pregnancy rate per 1,000 15-19 year-old girls	38.4
Teen pregnancy rates by race/ethnicity	
African American	50.4
Hispanic	42.3
White	27.7
Teen pregnancy rates by age	
15-17 year-olds	*
18-19 year-olds	78.4
Number of pregnancies among 15-17 year-old girls	19
Number of pregnancies among 18-19 year-old girls	56
Percent of repeat pregnancies	24%
Teen birth rate per 1,000 15-19 year-old girls	30.2
NC County Ranking (out of 100 counties)	18
Change since 2016	-10.9%

Source: NC State Center for Health Statistics

In partnership with the Lee County Schools, in the fall of 2017, students in 9th grade health and physical education class completed the *Reducing the Risk* curriculum. The program will continue to be offered in Lee County High School, Southern Lee High School, and Bragg Street.

LEAD POISONING

Children are more vulnerable to harm from environmental health hazards like lead than adults. Lead exposure during pregnancy can cause health problems such as preeclampsia as well as lifelong health problems for the unborn child including reduced IQ and learning disabilities. The majority of children are exposed to lead from lead paint in homes built before 1978. Children can be also be exposed in other ways such as ingestion by mouth or through breathing lead dust. They can get dust and paint chips on their hands and then put their hands in their mouths.

Water that comes from pipes with lead soldering can contain lead poisoning too. Some pottery and ceramic dishes, home remedies, vending machine trinkets, toys and costume jewelry contain lead. In 2017 the NC General Assembly changed the elevated blood level classification to at or above 5 ug/dL.

TABLE 22: 2014 N.C. CHILDHOOD BLOOD LEAD SURVEILLANCE DATA

County	Target Population*	Number Tested	Percent Tested	Lead ≥ 5	Percent ≥ 5
Burke	1707	1343	79	13	1
Caldwell	1578	1239	78.5	12	1
Lee	1601	966	60.3	17	1.8
Rockingham	1905	975	51.2	24	2.5
Surry	1512	945	62.5	27	2.9
Wilkes	1342	782	58.3	10	1.3
N.C.	238,750	122,481	51.3	1,643	1.3

Source: Children's Environmental Health Unit, N.C. State Center for Health Statistics

*Target population is based on the number of live births in 2012 and 2013

**Includes ages 9-11 months

MENTAL HEALTH

The number of poor mental health days within the past 30 days is used as one measurement of a person's health-related quality of life. Poor mental health includes stress, depression, and other emotional problems and can prevent a person from successfully engaging in daily activities, such as selfcare, school, work, and recreation.

In NC adult residents overall experienced 3.9 poor mental health days per month compared to 4.0 days experienced by adult residents in Lee County.

The Healthy NC 2020 Objective is to decrease the average number of poor mental health days among adults in the past 30 days to 2.8. When asked if they had ever been told by a doctor, nurse, or other health professional that they have depression or anxiety 39.63% of survey respondents responded yes. Survey respondents were also asked if there had been any days when feeling sad or worried kept them from going about their normal business and 27.7% of respondents answered yes.

Lee County Mental Health Partners Taskforce worked to bring a nationally recognized Crisis Intervention Team (CIT) training to Lee County in 2011. Through this collaborative effort, over 70 local law enforcement officers have completed the training. CIT training focuses on helping law enforcement identify those who are experiencing a mental health crisis and then equipping officers with the tools to deescalate situations.

HEALTH CARE

UNINSURED RATES

The percent of uninsured residents in Lee County has decreased since the last health assessment. At the time of the 2014 CHA 9.4% of children aged 0-18 were uninsured while 22% of adults aged 19-64 were uninsured.

Health insurance and cost of health services was a major issue identified by community residents during the focus groups. For the elderly population, the cost of health insurance was of great concern.

TABLE 23: UNINSURED FREQUENCY AND PERCENT FOR LEE COUNTY AND NC BY AGE

	Children (under age 19)		Adults (19-64)		Total (0-64 years)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Lee County	854	5.7	6,446	18.4	7,231	14.7
North Carolina	110,577	4.7	922,624	18.4	1,023,107	12.2

Source: NC Institute of Medicine

HOSPITAL USE

Central Carolina Hospital (CCH) in Sanford, NC is the only hospital in Lee County. CCH is an acute care private hospital providing: emergency services, diagnostic imaging, physical rehabilitation, and cardiopulmonary services. Carolina Hospital has 137 beds in total.

TABLE 24: 2012-16 SHORT TERM ACUTE CARE HOSPITAL DISCHARGE DATA

MDC	Fiscal Year									
	2016		2015		2014		2013		2012	
	N	%	N	%	N	%	N	%	N	%
01 Diseases and Disorders of the nervous system	239	4.3	241	4.3	280	4.7	283	5.0	336	5.6
02 Diseases and Disorders of the eye	1	0.0	1	0.0	3	0.1	2	0.0	7	0.1
03 Diseases and Disorders of the ear, nose mouth and throat	23	0.4	31	0.5	36	0.6	24	0.4	27	0.5
04 Diseases and Disorders of the respiratory system	688	12.3	722	12.8	717	12.0	748	13.1	740	12.4
05 Diseases and disorders of the circulatory system	583	10.4	595	10.5	610	10.2	645	11.3	779	13.1
06 Diseases and Disorders of the digestive system	556	10.0	559	9.9	605	10.2	499	8.8	591	9.9
07 Diseases and Disorders of the hepatobiliary system and pancreas	182	3.3	148	2.6	181	3.0	170	3.0	165	2.8

MDC	Fiscal Year									
	2016		2015		2014		2013		2012	
	N	%	N	%	N	%	N	%	N	%
08 Diseases and Disorders of the musculoskeletal system and connective tissue	246	4.4	236	4.2	282	4.7	233	4.1	296	5.0
09 Diseases and Disorders of the skin. Subcutaneous tissue and breast	129	2.3	120	2.1	126	2.1	118	2.1	142	2.4
10 Endocrine, nutritional and metabolic diseases and disorders	283	5.1	277	4.9	240	4.0	272	4.8	251	4.2
11 Diseases and Disorders of the kidney and urinary tract	291	5.2	330	5.8	412	6.9	327	5.7	377	6.3
12 Diseases and Disorders of the male reproductive system	4	0.1	9	0.2	14	0.2	8	0.1	8	0.1
13 Diseases and Disorders of the female reproductive system	36	0.6	33	0.6	45	0.8	34	0.6	52	0.9
14 Pregnancy, childbirth and the puerperium	926	16.6	948	16.7	959	16.1	941	16.5	875	14.7
15 Newborns and other neonates with conditions originating in the perinatal period	798	14.3	866	15.3	862	14.5	827	14.5	791	13.3
16 Diseases and Disorders of the blood, blood forming organs and immunological disorders	97	1.7	94	1.7	84	1.4	112	2.0	123	2.1
17 Myeloproliferative disease and disorders and poorly differentiated neoplasms	7	0.1	4	0.1	5	0.1	5	0.1	5	0.1
18 infectious and parasitic diseases (systemic or unspecified sites)	3235	5.8	235	4.2	235	3.9	222	3.9	183	3.1
19 Mental diseases and disorders	22	0.4	19	0.3	22	0.4	14	0.2	19	0.3
20 Alcohol /drug use and alcohol/drug use induced organic mental disorders	30	0.5	36	0.6	36	0.6	28	0.5	23	0.4
21 Injuries, poisonings and toxic effects of drugs	83	1.5	99	1.7	132	2.2	120	2.1	119	2.0
22 Burns	1	0.0	-	-	2	0.0	-	-	-	-
23 Factors influencing health status and other contacts with health services	31	0.6	47	0.8	64	1.1	52	0.9	50	0.8
24 Multiple significant trauma	1	0.0	1	0.0	1	0.0	2	0.0	3	0.1
25 Human Immunodeficiency virus infections	3	0.1	9	0.2	5	0.1	9	0.2	6	0.1
Total	5,585	100.0	5,660	100.0	5,958	100.0	5,695	100.0	5,968	100.0

Source: Central Carolina hospital

SOCIAL DETERMINANTS OF HEALTH

SOCIAL ENVIRONMENT

According to the American Community Survey (2013-17) 82% of Lee County residents are high school graduate or higher. Approximately 21.2% of residents have a bachelor's degree or higher compared to 29% of all North Carolinians.

TABLE 25: LEE COUNTY EDUCATIONAL ATTAINMENT LEVELS

Group	Population	Percentage
Population 25 Years and Older	39,706	-
Less than 9 th Grade	3,244	8.2
9 th – 12 th Grade, no diploma	3,901	9.8
High School Graduate (includes equivalency)	10,203	25.7
Some College no degree	9,420	23.7
Associate Degree	4,502	11.3
Bachelor's Degree	5,622	14.2
Master's, Professional or Doctorate Degree	2,804	7.1

Source: U.S. Census Bureau, 2013-17 5-Year American Community Survey

Lee County School system is governed by a seven member board and oversees two traditional high schools, one early college high school, three middle schools, six traditional elementary schools and one year round elementary school. Lee County Schools also includes one alternative school and one exceptional education school.

TABLE 26: STUDENT ENROLLMENT/STUDENT DIVERSITY

Enrollment 2017-18	
Number of Students in K-12	10,006
Kindergarten – Grade 5	4,806
Grades 6 – 8	2,264
Grades 9 – 12	2,936
Pre – K	199
Student Diversity	
American Indian	4%
Asian	0.7%
African American	21.3%
Hispanic	31.8%
White	44.2%

Source: Lee County, NC Schools

The majority (71%) of graduating seniors in 2018 planned to continue their education through either a two or four year program. Eight percent planned to enter the military.

TABLE 27: STUDENTS' CONTINUING EDUCATION IN 2018

Lee County Students Continuing Education	Number
Seniors accepting scholarships	128
Amount of scholarships accepted	\$6,047,273
Overall Grade Point Average of graduating seniors (unweighted)	2.68
North Carolina Academic Scholars	94
Future Plans	
Percent of students planning to continue their education in a two year program	44%
Percent of students planning to continue their education in a four year program	27%
Percent of students planning to enter the military	8%

Source: Lee County, NC Schools

In 2017 30.2% of Lee County students participated in SAT testing. Statewide, 44% of students participated in SAT testing. SAT scores for the state overall were slightly higher than scores for Lee County students.

TABLE 28: LEE COUNTY SAT (SCHOLASTIC APTITUDE TEST) 2017 SCORES

	% Students Tested	Total Score	Evidence-based reading and writing	Math
Lee	30.2	1044	528	516
All NC Students	44	1074	542	532

Source: Lee County, NC Schools

The percentage of dropouts in Lee County has decreased significantly from 7.2% in 2004-05 to 2.31 for the 2016-17 school year.

TABLE 29: LEE COUNTY HIGH SCHOOL DROPOUTS FROM SCHOOL YEARS:
2013-14 TO 2016-17

	2013-14		2014-15		2015-16		2016-17	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Lee	89	2.9	73	2.35	86	2.74	91	2.93
NC		2.28		2.39		2.29		2.31

Source: Lee County, NC Schools

CRIME

The table below shows the rates for “index crime”, which consists of violent crime (murder, rape, robbery, and aggravated assault) plus property crime (burglary, larceny, and motor vehicle theft).

TABLE 30: CRIME AND SELECTED INDICATORS FOR LEE COUNTY

Offense Category	2008	2009	2010	2011	2012	2013	2014	2015	2016
Murder	9	6	3	4	5	8	7	4	8
Rape	8	5	5	3	4	1	1	12	6
Robbery	64	57	55	43	37	51	45	30	43
AA*	85	77	54	71	61	74	54	87	69
Burglary	580	585	459	381	393	334	410	305	329
Larceny	1144	1106	1078	1115	929	971	1167	859	944
MV T*	166	103	102	116	76	62	49	71	70
Total	2056	1939	1756	1733	1505	1501	1733	1368	1469

Source: NC Department of Justice <http://crimereporting.ncdoj.gov/Reports.aspx>

When asked which one issue most affects the quality of life in Lee County, 12% of survey respondents voted for violent crime. Since the 2014 CHA overall crime reported in the county has decreased.

FINANCIAL/ECONOMIC FACTORS

INCOME

The median household income for Lee County residents from 2013-17 was \$49,272; compared North Carolina's overall median household income of \$57,652 (2017). Low income/poverty was the most common response when asked which one issue most affects quality of life in the county. When survey respondents were asked which one issue most affects the quality of life in Lee County the top response was low income/poverty (42.6%).

TABLE 31: LEE COUNTY INCOME LEVELS 2013-17

Income Level	Households	% of Households
Less than \$25,000	3,047	29.6%
\$25,000 to \$49,999	2,470	24%
\$50,000 to \$74,999	2,024	19.7%
\$75,000 to \$99,999	1,192	11.6%
\$100,000 to \$200,000	1,363	13.2%
\$200,000 or More	204	2%
Median Household Income	49,272	

Source: US Census, American Community Survey

Weekly wages for Lee County residents continue to be lower than wages for the state of North Carolina as a whole. For 2017-18 Lee County's average weekly wages were \$165.00 lower than the state average. The wage gap between has improved slightly since the 2014 CHA, but still remains a concern for Lee County residents.

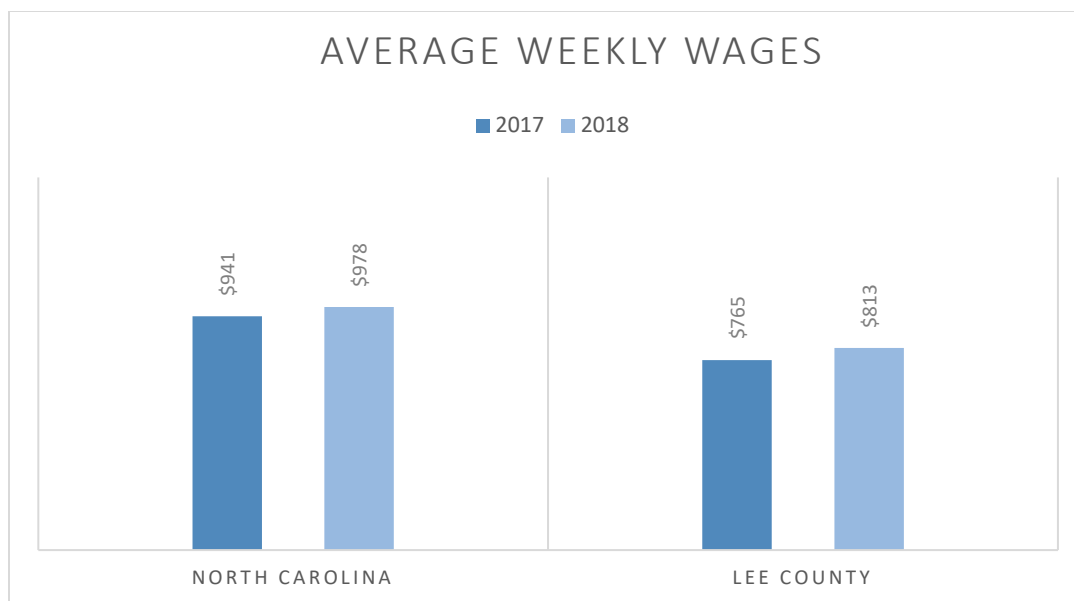


Figure 15: Average Weekly Rates for Lee County vs. North Carolina State
Source: NC Department of Commerce's Division of Employment Services

POVERTY RATE

The poverty rate is the percent of the population (both individuals and families) whose money income (which includes job earnings, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below the threshold established by the Census Bureau. The Census Bureau determines the poverty rate annually. In 2017 the poverty rate for a family of four was \$25,465. Nationwide, 12.7% of the population met the poverty threshold in 2017.

According to the US Census, homeownership rate for Lee County from 2013 to 2017 was 67.3% compared to 65% for the state of NC. The owner-occupied housing unit rate was 67.7%. Median gross rent for the county was \$723 from 2013-2017.

TABLE 32: LEE COUNTY VS. NORTH CAROLINA POVERTY RATES, 2013-2017

Group	Lee County (% of persons)	North Carolina (% of persons)
All Individuals	17.5	16.1
Under 18 Years of Age	25.6	22.9
Related Children Under 5 Years	26.4	25.9
Related Children 5 to 17 Years	25.1	21.4
18 to 64 Years of Age	15.4	15.3
65 Years of Age and Older	11.9	9.4

Source: US Census, American Community Survey

The poverty rate has remained steady since the 2014 CHA. One out of four children residing in Lee County live in poverty and the percentage of children in the county that are eligible for Free and Reduced Lunch has increased in the past four years.

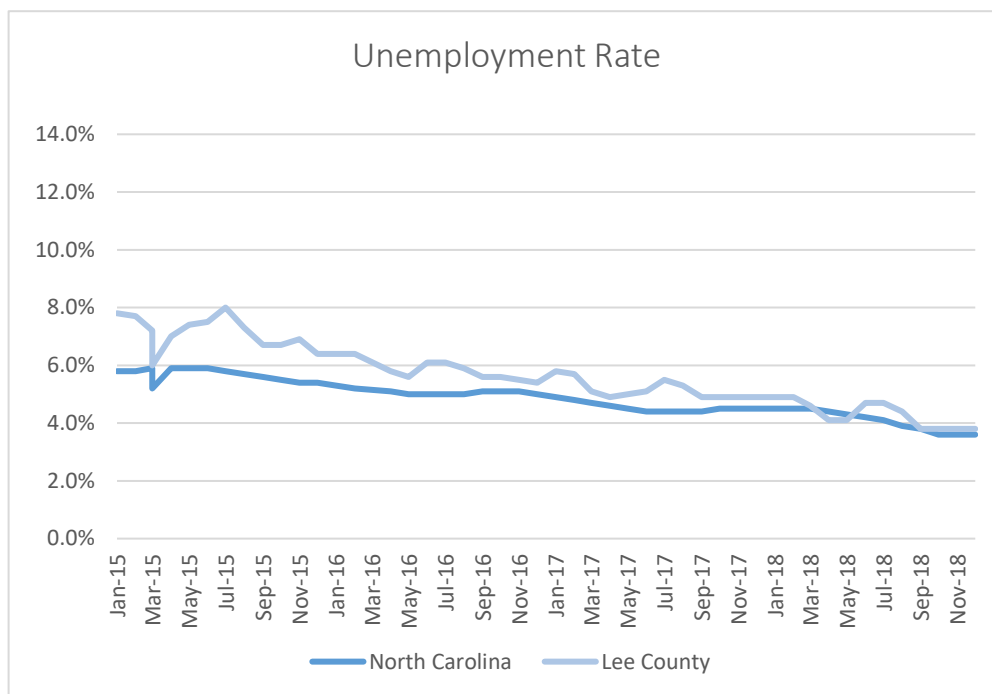


Figure 16: Unemployment Rate Lee County vs. Research Triangle Region

Source: NC Department of Commerce's Division of Employment Services

TABLE 33: LEE COUNTY SCHOOL AGE CHILDREN POVERTY LEVEL

Year	Free and Reduced Lunch Percentages
2015	67.20
2016	68.65
2017	65.70
2018	67.87

Source: LCS Free and Reduced Lunch Report

ECONOMY

The unemployment rate in NC and in Lee County has steadily declined in the past four years. According to the NC Department of Commerce, Division of Employment Security, the unemployment rate for Lee County as of November 2018 was 3.9% compared to 6.9% for November 2015. The majority of the top employers in Lee County remain the same since the 2014 CHA.

TABLE 34: TOP EMPLOYERS IN LEE COUNTY BY NUMBER OF EMPLOYEES

Top Ten Employers in Lee County	Number of Employees
Lee County Schools	1,000+
Coty LLC.	500-999
Static Control Components, Inc.	500-999
Belflex Staffing Network	500-999
Caterpillar, Inc.	500-999
Pilgrams Pride Corporation	500-999
Amisub of North Carolina	500-999
Central Carolina Community College	500-999
Pentair Water Pool & Spa, Inc	500-999
County of Lee	500-999

Source: NC Commerce, Labor and Economic Analysis Division, Top 25 Employers by NC County

INDIVIDUAL BEHAVIOR

TOBACCO USE

Cigarette smoking is the leading cause of preventable disease and death in the United States. Although overall smoking rates among adults in the state have dropped in the past decade, North Carolina still lags behind the national average. The Healthy NC 2020 Objective is to decrease the percentage of adults who are current smokers to 13%. According to the BRFSS an estimated 19% of Lee County residents are smokers.

While the use of traditional tobacco products has been on the decline over the past decade; the use of new emerging tobacco products has been rapidly increasing. The use of Electronic Nicotine Delivery Systems (ENDS) has become seemingly popular among middle and high school students. North Carolina has seen an increase in the use of e-cigarettes from 2011-2017 among middle school students (430%) and high school students (894%). Furthermore, the BRFSS an estimated 18.86% of Lee County residents are using Electronic Nicotine Delivery Systems (ENDS).

On December 5, 2016, the office of Housing and Urban Development (HUD) issued a final rule effective February 3, 2017 stating each Public Housing Authority (PHA) must implement a “smoke-free” policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy also extends to all outdoor areas up to 25 feet from the public housing and administrative office buildings. All Sanford Housing Authority properties are now smoke-free!

SUBSTANCE USE

Substance use includes: alcohol, tobacco and other drug use, including prescription drugs. Substance abuse is the harmful use of substances (like drugs and alcohol) for non-medical purposes. The term “substance abuse” often refers to illegal drugs, but legal substances such as alcohol, prescription medications can also be abused.

Substance abuse has been a growing concern in Lee County. In 2018 there were 1,137 visits to the Emergency Department due to substance abuse problems.

Furthermore, deaths due to medication and drug overdoses have been steadily increasing in North Carolina and across the United States since 1999. The number of medication and drug deaths has increased 410 percent, from 363 in 1999 to 1,851 in 2016. The vast majority (85 percent) of these deaths are unintentional.

In 2016, an average of 5 people died each day from drug overdose in North Carolina.

Opioids have contributed to the majority of these deaths. In October 2017, President Trump officially declared the opioid crisis a public health emergency.

Opioid/Heroin overdose has consistently been trending upward in Lee County. NC Senate bill 20 deregulated the medication Naloxone which allows first responders access to the medication in the field where it is saving lives. In 2017 EMS administered Naloxone 96 times when responding to calls.

OVERWEIGHT/OBESITY RATES

The main causes of obesity are lifestyle related and include little physical activity and high calorie intake. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.

The following data on obesity and physical inactivity were obtained from The National Diabetes Surveillance System. The estimates are based on data from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau’s Population Estimates Program. Obesity is defined as having a Body Mass Index (BMI) of greater than 30. BMI is a measurement of a person’s body fat by taking their weight in kilograms and dividing it by their height in square meters.

According to the most recent BRFSS data from 2017, NC now ranks 20th for adult obesity. The obesity rate for Lee County continues to remain consistent over the past seven years at 29%. Obesity is not an issue only affecting adults in the county, according to the NC Pediatric Nutrition and Epidemiology Surveillance System 15% of 2-4 year old’s in the county are obese and 13% are overweight.

Obesity has been one of the top health priorities in the county for the past several Community Health Assessments.

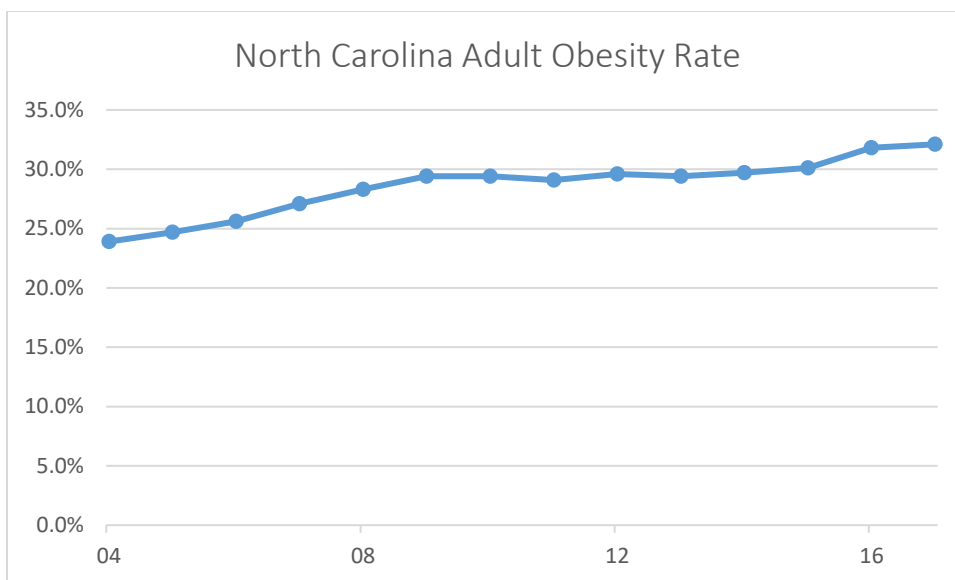


Figure 17: North Carolina Adult Obesity rate from 2004-16

Source: State of Obesity, North Carolina

Several interventions have been implemented in the community including Faithful Families Eat Smart Move More, Lee County Cooperative Extension Office received a CDC grant to address obesity.

PHYSICAL ACTIVITY

Regular physical activity reduces the risk of heart disease, stroke, hypertension, and type 2 diabetes, which are the top ten causes of death in the county and state. Regular physical activity also reduces risk for certain cancers, strengthens bones and muscles, and improves mental health.

The Healthy Carolina 2020 Objective for physical activity is to Increase the percentage of adults getting the recommended amount of physical activity to 60.6%. Sixty-five percent of survey respondents indicated they participate in physical activity or exercise that lasts at least half an hour (outside of their job). The majority of respondents that indicated they participate in exercise said they exercise at home (62%).

According to the graph below from the Robert Wood Johnson County Health Rankings data, physical activity rates have fluctuated in Lee County since 2004. Since the 2014 CHA, according to the BRFSS, Lee County rates of physical inactivity have increased going from 24% to 26%. Lee County level of physical inactivity is higher than the state and national average, 24% and 23% respectively. Seventy-eight percent of county residents live close to a park (within a half mile) or a recreational facility (within three miles in rural areas, or within one mile in urban areas) according to the county health rankings data in 2018.

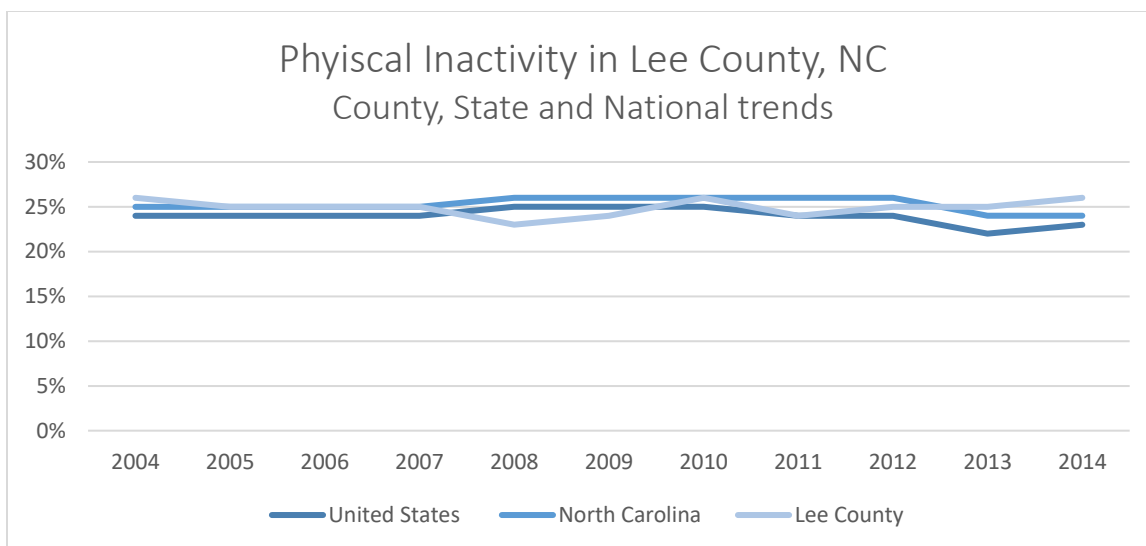


Figure 18: Physical Inactivity in Lee County VS. North Carolina State and National Trends.

Source: Robert Wood Johnson County Health Rankings

PHYSICAL ENVIRONMENT

AIR QUALITY

The North Carolina Division of Air Quality monitors the condition of outdoor air tracking. Air Quality is the measurement of the condition of the air which is necessary for life to exist. Air Quality matter such as pollutants and pollen also identify risk. Air Quality measures how clean the air quality is and the health effects that are concerned. According to the 2018 Air Quality Index Report for Lee County there were 242 out of 365 days where the air quality was measured as falling in the 'Good' range.

The NC Division of Air Quality recently established a new air monitoring station in Lee County. The monitoring station was put into place to establish baseline air quality conditions in the area in anticipation of shale gas exploration, development and production.

TRANSPORTATION

The County of Lee Transit System (COLTS) is a coordinated transit system that provides transportation services for the general public and human service agencies in Lee County.

The Department of Social Services, Senior Services, Central Carolina Hospital, Sandhills Center for Mental Health, Central Carolina Community College and other agencies/organizations contract with COLTS to provide transportation services for their customers.

COLTS vehicles travel daily Monday through Friday throughout Lee County. There is a nominal fee for service.

The Raleigh Exec Jetport, formerly known as Sanford-Lee County airport is located approximately seven miles northeast of Sanford via Highway U.S. 1. The airport opened in 2000.

Raleigh Exec Jetports was recently renovated and includes a 6,500-by-100-foot runway with parallel taxiway with a weight capacity of 100,000 pounds. As a Federal Aviation Administration testing center, Raleigh Exec Jetport offers licensure and certification testing services for scores of federal agencies and professional associations using LaserGrade.

Transportation to receive health services continues to be reported as a barrier in Lee County. The County of Lee Transportation (COLTS) service exists in Lee County but was not identified as a regularly used mode of transportation by community residents that participated in focus groups.

RECREATION

Lee County Parks and Recreation provides a broad range of recreational and leisure opportunities to community residents. The Parks and Recreation Department offers family parks, walking and bike trails, outdoor education programs, camps, adult and youth recreational activities, aquatics classes and sports for all ages. There are 12 miles of bike trails, 4 miles of hiking trails and 333 local park acres in Lee County.

LEAD

In October 2016, one child was reported with having elevated blood lead levels (>10ug/dL). Calls were made to parent of child by Child Health Nurse and Environmental Health staff. The parent asked for educational materials about handwashing, dietary needs for meal time and snack time and these were sent as requested. This case resolved in July 2017 to a blood lead level of 1 ug/dL.

In 2017 there were two children reported with elevated blood levels. However, it should be noted that due to the session law 2017-57, the criteria for elevated blood levels was lowered from greater than 20 ug/dL to greater than 10 ug/dL.

The first reported case was in June 2017, the child's elevated blood level was >5 ug/dL. The child was re-tested in January and May of 2018 where his elevated blood levels was 5ug/dL and 10 ug/dL. A Child Health Nurse and Environmental health staff spoke with the parent and made a home visit to review possible sources of lead in the home. In December 2018, the child was tested again with an elevated blood lead level of 12 ug/dL, Environmental Health staff conducted another home visit in February 2019.

The second confirmed case in 2017, the parent was called by Child Health Nurse and Environment Health staff after the child was tested with an elevated blood lead level >10 ug/dL. The parent refused the visit, the Child Health Nurse and Environmental Health staff provided educational materials regarding handwashing, dietary needs for meals/snacks and possible lead sources in the home and on farm equipment. The child was retested in November 2017 and had a blood lead level of 6 ug/dL.

In 2018, one child was reported with elevated blood lead levels >5ug/dL in October 2018. A Child Health Nurse and Environment Health staff provided a phone consultation with the parent of the child and send guidance about handwashing, dietary needs for meal/snack time. Additionally, the parent accepted Environmental Health's offer for a home investigation because her two older children had experience elevated blood lead levels when they were younger. The Environmental Health home investigation was completed in November 30, 2018 and the child continues to be monitored by a Pediatrician.

PUBLIC HEALTH PREPAREDNESS

The Lee County Health Department has a division dedicated to protecting the well-being of Lee County residents in the event of a man-made or natural disaster. Public Health Preparedness (PHP) collaborates with Emergency Management to mitigate, prepare, respond and recover from potential events which may occur in Lee County. Multi-agency participation is key for the integration of sound public health preparedness strategies.

Seasonal flu is a common pressing issue for Lee County. Every year Lee County Health Department diligently works with local area medical providers, schools, day care facilities, nursing homes and other partners to mitigate the effects of the seasonal flu.

In the fall of 2018, Lee County participated in a pandemic flu table top exercise that assessed the Health Department's ability to respond to the needs of its community during an outbreak. From the tabletop exercise, Lee County Health Department was able to discover gaps and areas of improvement. Lee County Health Department's 2012 Pandemic Flu and Continuity of Operations plan helped them excel during the tabletop exercise. The main area for improvement was regarding being able to provide nursing staff during an extended outbreak.

Public Health Preparedness has also conducted meetings with local partners to integrate effective measures to dispense medical countermeasures. An Open Point of Distribution (POD) exercise will be held in 2019. PHP's objective in developing these partnerships is to ensure the well-being of as many individuals as possible efficiently. This is all part of the Strategic National Stockpiles (SNS) plan and is updated annually.

COMPARISON TO HEALTHY NC 2020

Healthy NC 2020 functions as a health improvement plan for the state of North Carolina. Healthy NC 2020 has 13 focus areas and 40 target objectives. Healthy NC 2020 aims to improve the health status of every North Carolinian. The table below provides a side by side comparison of Lee County to North Carolina and the 2020 targets. Results highlighted in orange indicate objectives where Lee County has met or exceeded the 2020 target.

TABLE 35: HEALTHY NC 2020 OBJECTIVE: LEE COUNTY VS. NORTH CAROLINA

Healthy NC 2020 Objective	Lee County	NC	2020 Target
Tobacco Use			
1. Decrease the percentage of adults who are current smokers	19%	18% (2018)	13%
2. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	51.1%	7.7% (2016)	0%
Physical Activity and Nutrition			
1. Increase the percentage of adults who consume fruit to one or more times per day	28.2 %	56.7% (2015)	69.7%
2. Increase the percentage of adults who consume vegetables one or more times per day	37.2%	78.4% (2015)	84.7%
Injury and Violence			
1. Reduce the unintentional poisoning mortality rate (per 100,000 population)	20.2	16 (2013-17)	9.9
2. Reduce the homicide rate (per 100,000)	10.0	7.5 (2016)	6.7
Maternal and Infant Health			
1. Reduce the infant mortality racial disparity between whites and African Americans	2.89	2.68 (2012-16)	1.92
2. Reduce the infant mortality rate (per 1,000 live births)	10.5	7.1 (2013-17)	6.3
3. Reduce the percentage of women who smoke during pregnancy	12.8%	9.6% (2013-17)	6.8%
Sexually Transmitted Infections and Unintended Pregnancy			
1. Reduce the rate of new HIV infection diagnoses (per 100,000)	10.9	13.9 (2016)	22.2
Substance Abuse			
1. Reduce the percentage of traffic crashes that are alcohol related	4.2%	4.6% (2016)	4.7
Mental Health			
1. Reduce the suicide rate (per 100,000 population)	11.9	13 (2016)	8.3
2. Decrease the average number of poor mental health days among adults in the past 30 days	4.0	3.8 (2016)	2.8
Environmental Health			
1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075ppm		100% (2016)	100%

Healthy NC 2020	Lee County	NC	2020 Target
Infectious Disease and Foodborne Illness			
1. Reduce the pneumonia and Influenza rate (per 100,000 population)	16.3	16.5 (2016)	13.5
Social Determinates of Health			
1. Decrease the percentage of individuals living in poverty	17.5%	13.6% (2016)	12.5%
2. Increase the four-year high school graduation rate	89%	86.5% (2016-17)	94.6%
3. Decrease the percentage of people spending more than 30% of their income on rental housing		46.9% (2016)	36.1%
Chronic Disease			
1. Reduce the cardiovascular disease mortality rate (per 100,000 population)	168.3	214.1 (2016)	161.5
2. Decrease the percentage of adults with diabetes	14%	11.3% (2016)	8.6%
3. Reduce the colorectal cancer mortality rate (per 100,000 population)	14.1	13.2 (2016)	10.1
Cross-Cutting			
1. Increase the average life expectancy (years)	75.9	77 (2015-17)	79.5
2. Increase the percentage of adults reporting good, very good or excellent health	76.3%	81.7% (2016)	90.1%
3. Reduce the percentage of adults who are neither overweight nor obese	30%	33.1% (2016)	38.1%

Source: Lee County Community Health Opinion Survey, North Carolina Center for State Health Statistics and County Health Rankings and Road Maps.

INVENTORY OF EXISTING HEALTH RESOURCES

HEALTH PROFESSIONALS INVENTORY

The information in the table below provides a comparison of health care professionals currently in the county as compared to peer counties and, the state of North Carolina.

A listing of key resources related to CHA priority findings is included in the appendix of this document. It is not an exhaustive list of community resources, but a snapshot of services and resources available. A full listing can be found in the on-line Lee County 211 system on the Lee County United Way website.

TABLE 36: 2017 NORTH CAROLINA HEALTH PROFESSIONALS PER 10,000 POPULATION

Health Professionals	Lee	Chatham	Harnett	Moore*	State
Physicians	14.8	5.48	7.8	34.4	23.8
Primary Care Providers	6.4	3.34	4.05	7.17	6.97
Dentists	5.9	1.87	1.76	8.2	4.98
Dental Hygienists	12.5	4.41	5.2	8.3	5.99
Pharmacists	9.45	6.28	7.92	12.8	11.4
Registered Nurses	69.4	29.8	35.5	147	101
Licensed Practical Nurses	28.8	11.5	14.0	31.5	17.9
Physician Assistants	5.73	0.94	4.6	11	5.87
Psychologists	0.67	1.34	0.38	2.05	2.2
Psychological Associates	0	0.94	0.53	0.72	0.83
Population	60,430	71,472	132,754	97,264	10,383,620

Source: www.shepscenter.unc.edu

*A greater number of health professionals exist in Moore County due to the presence of a regional hospital and specialty practices found within the county.

In comparing the population of Lee County with its surrounding counties, Lee County has the smallest total population. Lee County has a higher number of physicians, primary care providers, dentists, dental hygienists, registered nurses, licensed practical nurses, and physician assistants per 10,000 population than Chatham or Harnett Counties. With the exception of dental hygienists, Moore County boasts higher numbers of health professionals than Lee County. However, it is important to note that Moore County has a major regional hospital, Central Carolina Hospital in Sanford which is a Duke LifePoint hospital, which has attracted a vast number of health professionals (physicians, registered nurses) to the area.

The 2017 statistics show that Lee County has a lower rate of mental health professionals than the State of North Carolina, Chatham County, and Moore County with 0.67 psychologists per

10,000 residents, and no psychological associates present. This supports feedback received from Lee County residents that identifies a lack of mental health services being a major issue in the county. Mental health and substance abuse are health concerns that continued to grow in Lee County since the 2014 CHA.

TABLE 37: 2017 NORTH CAROLINA HEALTH PROFESSIONALS PER 10,000 POPULATION
LEE AND PEER COUNTIES

Health Professionals	Lee	Burke	Caldwell	Rockingham	Surry	Wilkes	State
Physicians	14.8	23.9	9.48	10.7	17.3	10.2	23.8
Primary Care Providers	6.4	7.76	4.92	5.12	7.0	4.96	6.97
Dentists	5.9	3.66	2.28	2.94	3.57	1.98	4.98
Dental Hygienists	12.5	3.66	5.28	5.67	7.83	5.95	5.99
Pharmacists	9.45	9.58	8.09	8.27	9.61	4.71	11.4
Registered Nurses	69.4	113	56.9	41.5	92.0	64.5	101
Licensed Practical Nurses	28.8	18.8	10.4	20.1	22.6	9.5	17.9
Physician Assistants	5.73	4.43	1.68	2.4	4.67	2.55	5.87
Psychologists	0.67	1.99	0.0	0.33	0.0	0.0	2.2
Psychological Associates	0.0	2.77	0.36	0.11	0.14	0.43	0.83
Population	60,430	89,293	81,981	90,949	72,224	68,576	10,383,620

Source: www.shepscenter.unc.edu

In comparing Lee County with its peer counties, Lee County again has the smallest population. Despite this, Lee County beats out its peer counties in four of the categories: Dentist, Dental Hygienist, Licensed Practical Nurses and Physician Assistants. This suggests that Lee County is above standard for meeting the needs of its residents for dental health. However, Lee County is below the standard in meeting the needs of care from psychological associates as compared to its peer counties. Resources to assist those with mental health issues are still lacking in Lee County.

TABLE 38: 2017 LEE COUNTY HEALTH PROFESSIONALS PER 100,000

Health Professionals	2014	2015	2016	2017
Physicians	15.4	15.8	14.3	14.8
Primary Care Providers	6.1	6.6	6.1	6.4
Dentists	5.2	5.3	5.7	5.9
Dental Hygienists	9.3	10.5	11	12.5
Registered Nurses	67.6	67.2	72.1	69.4
Licensed Practical Nurses	30.6	30.2	29.5	28.8
Physician Assistants	4.4	4.8	5.1	5.7
Psychologists	0.8	0.9	0.7	0.7
Psychological Associates	0	0	0	0
Population	59,501	59,476	59,746	60,430

Source: www.shepscenter.unc.edu

When reviewing rates for Lee County for the 2014-17 data periods, the number of primary care providers, dentists, licensed practical nurses and psychologists per 10,000 residents has remained consistent. There has been a slight decrease in the number of physicians per 10,000 residents. Due to the small amount of change between the rates, it cannot be said that this change is enough to create a lack of services for Lee County residents in this field. Likewise, slight increases in the number of dental hygienists, registered nurses and physician assistants per 10,000 residents from 2014-17 are not significant enough to definitely state that the needs of Lee County residents are being exceeded in those fields. The lack of psychological associate services continues to be an area of great need for the county.

Although consistent rates during these periods could be considered a positive outcome, Lee County's lack of significant growth could be considered a negative when compared to the increasing population within the area.

COMMUNITY HEALTH OPINION SURVEY

DEMOGRAPHICS

In an effort to have a representative sample, the demographic characteristics of the surveyed population was compared to those from the most recent census of Lee County. Lee County data was drawn from the 2010 National Census and the 2013-2017 American Community Survey. The sample contained far more females than males and was a slightly older population.

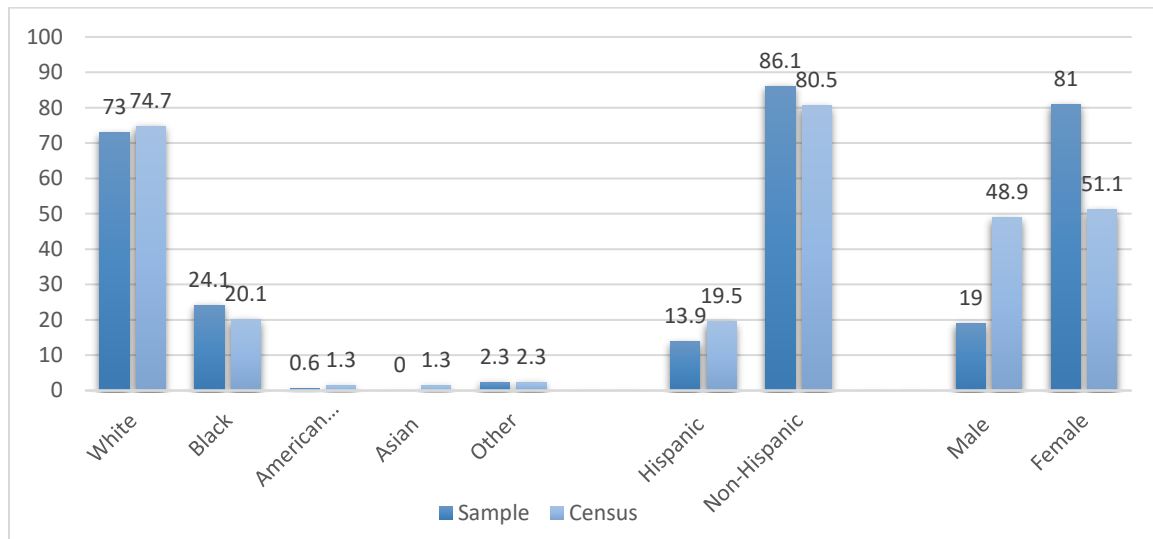


Figure 19: Lee County Community Health Opinion Survey respondents' demographics: race, ethnicity and gender

81% of the respondents were female. The racial demographics of the respondents closely followed that of the census. 73% of the respondents were white, 24.1% black, 0.6% American Indian, 0% Asian. Approximately 13.9% of the respondents identified as being of Hispanic or Latino origin.

The respondents on average had higher educational attainment compared to the American Community survey data. This also skewed the median income of the respondents to be slightly higher than that reported from the Census.

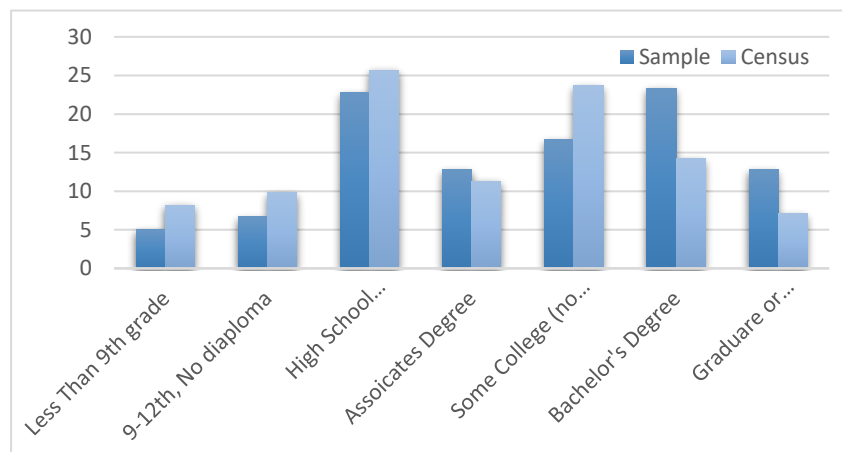


Figure 20: Lee County Community Health Opinion Survey Respondents highest level of educational attainment vs. census data

47.8% of respondents are employed full-time, 18.3% employed part-time and 15% are retired.

QUALITY OF LIFE STATEMENTS

The first section of the survey asked respondents to rate on a scale of 1-5, with 5 being “Strongly Agree”, how they feel about issues that affected quality of life in Lee County.

TABLE 39: QUALITY OF LIFE STATEMENTS

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, “There is good healthcare in Lee County”? Consider the cost and quality, number of options, and availability of healthcare in the county.	8.3	14.22	34.31	37.25	5.88
2. How do you feel about this statement, “Lee County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	2.97	10.40	33.17	39.60	13.86
3. How do you feel about this statement, “Lee County is a good place to grow old”? Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	3.47	13.86	30.69	38.12	13.86
4. How do you feel about this statement, “There is plenty of economic opportunity in Lee County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.	4.02	26.13	38.18	27.64	7.04
5. How do you feel about this statement, “Lee County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.	3.52	14.57	35.68	38.19	8.04
6. How do you feel about this statement, “There is plenty of help for people during times of need in Lee County”? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	4.02	15.58	30.15	37.69	12.56

Source: Lee County Community Health Opinion Survey, Question 1-6

Respondents most often responded “Agree” to each statement. However, they shifted to neutral when asked about economic opportunity in Lee County.

COMMUNITY IMPROVEMENT

In the second part of the survey respondents were asked to identify one issue they believed most affected the quality of life in Lee County (table 40). If respondents identified other issues that were not on the survey, they were able to write in their answers. Low Income/Poverty (42.56%), Violent Crime (11.79%), Lack of/inadequate health insurance (7.69%), Discrimination/Racism (5.13%) and Homelessness (5.13%) were identified as issues affecting quality of life. No write in answers accounted for substantial portion of responses

TABLE 40: ISSUES AFFECTING QUALITY OF LIFE IN LEE COUNTY

Which one Issue most affects the quality of life in Lee County? (Please choose only one)			
Issue	Percent	Issue	Percent
Pollution (air, water, land	2.56	Elder abuse	0
Dropping out of school	4.1	Child abuse	1.03
Low income/poverty	42.56	Domestic Violence	1.03
Homelessness	5.13	Violent crime (murder, assault)	24.21
Lack of / inadequate health insurance	2.05	Theft	2.56
Hopelessness	1.03	Rape / sexual assault	0
Discrimination / racism	5.13	Other	3.08
Lack of community support	2.05	None	7.18
Neglect and abuse	1.03		

Source: Lee County Community Health Opinion Survey, Question 7

Furthermore, respondents identified: Higher paying employment (14.65%), Positive Teen activities (9.6%) and More Affordable/Better Housing (8.59%) as the services that are needing the most improvement in Lee County.

TABLE 41: SERVICES NEEDING THE MOST IMPROVEMENT

In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one)			
Service	Percent	Service	Percent
Animal Control	2.52	Better/more recreational facilities	5.05
Child care options	2.52	Healthy family activities	4.55
Elder care options	3.03	Positive teen activities	9.60
Services for disabled people	4.04	Transportation options	7.58
More affordable health services	7.58	Availability of employment	6.06
Better/more healthy food choices	5.05	Higher paying employment	14.65
More affordable/better housing	8.59	Road maintenance	3.54
Number of health care providers	3.03	Road safety	0
Culturally appropriate health services	1.01	Other	0
Counseling/mental health/support groups	7.58	None	3.54

Source: Lee County Community Health Opinion Survey, Question 8

HEALTH INFORMATION

This section asked respondents to answer what health information the community needs to be more informed about and where they get most of their health information from. Respondents stated the community needs to more informed about: Substance Abuse (18.75%), Eating Well/Nutrition (15.18%), and Getting yearly checkups/screenings (13.39%).

TABLE 42: HEALTH BEHAVIOR LEE COUNTY RESIDENTS NEED MORE INFORMATION ABOUT

In your opinion, which one health behavior do people in your own community need more information about?			
Health Behavior	Percent	Health Behavior	Percent
Eating well/nutrition	13.61	Child care/parenting	5.76
Exercising/fitness	4.19	Elder care	1.05
Managing weight	7.86	Caring for family members with special needs/disabilities	1.57
Going to a dentist for check-ups	1.05	Preventing pregnancy and STD's	3.66
Going to the doctor for yearly check-ups and screenings	8.38	Substance abuse prevention	20.94
Getting prenatal care during pregnancy	0	Suicide prevention	2.09
Getting flu shots and other vaccines	0	Stress management	4.71
Preparing for an emergency/disaster	5.24	Anger management	1.05
Using child safety seats	0	Domestic violence	2.62
Using Seat Belts	0.52	Crime prevention	4.71
Driving Safely	1.57	Rape/sexual abuse prevention	0.52
Quitting Smoking/Tobacco Use prevention	3.14	Other	4.71

Source: Lee County Community Health Opinion Survey, Question 9

Respondents were also asked about what health information their child/children need to be more informed about. 18.75% responded drug abuse, followed by nutrition (15.18%) and mental health issues (13.39%).

TABLE 43: HEALTH TOPICS LEE COUNTY CHILDREN NEED MORE INFORMATION ABOUT

Which of the following health topics do you think your child/children need(s) more information about?			
Health topic	Percent	Health topic	Percent
Dental hygiene	8.04	Alcohol	4.46
Nutrition	15.18	Drug Abuse	18.75
Eating Disorders	1.79	Reckless Driving/speeding	7.14
Diabetes management	0.89	Mental Health Issues	13.39
Tobacco	3.57	Suicide prevention	8.93
STDs	6.25	Other	1.79
Sexual Intercourse	9.82		

Source: Lee County Community Health Opinion Survey, Question 15

When respondents were asked where they get most of their health-related information from, 42.5% responded from a doctor/nurse, 20.7% internet and 17.6% from friends and family.

PERSONAL HEALTH

This section asked respondents to answer questions about their personal mental and physical health. 76% responded that their health in general is good, very good or excellent.

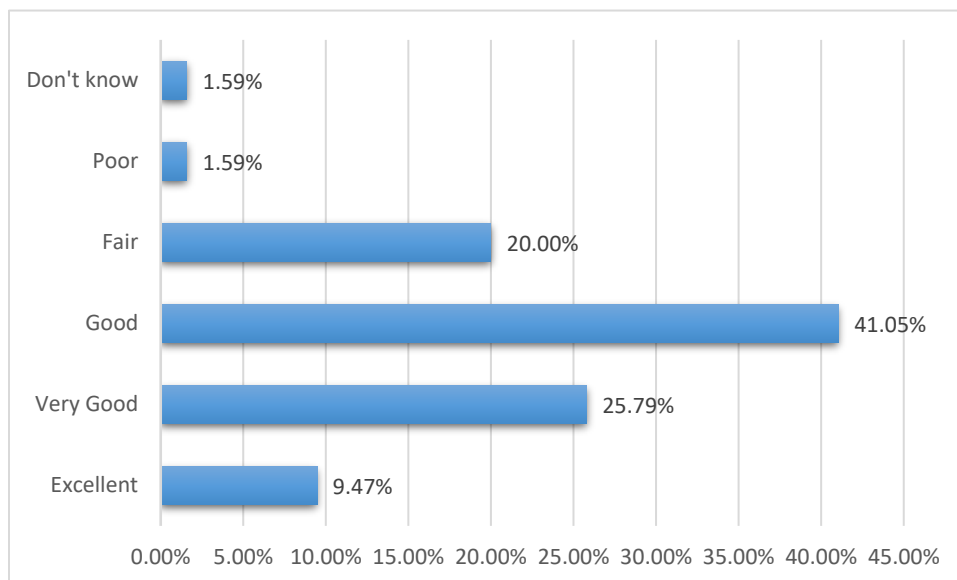


Figure 21: "Would you say your health, in general, is..." Lee County Community Health Opinion survey responses, Question 14

Respondents were asked to indicate if they had ever been told by a doctor, nurse or other health professional that they had any of the listed health conditions. Of the listed conditions Overweight/obesity (44.51%), High Blood Pressure (40.85%), Depression/Anxiety (39.63%) were the most common. Some of the prevalence estimates may underestimate due to self-reporting.

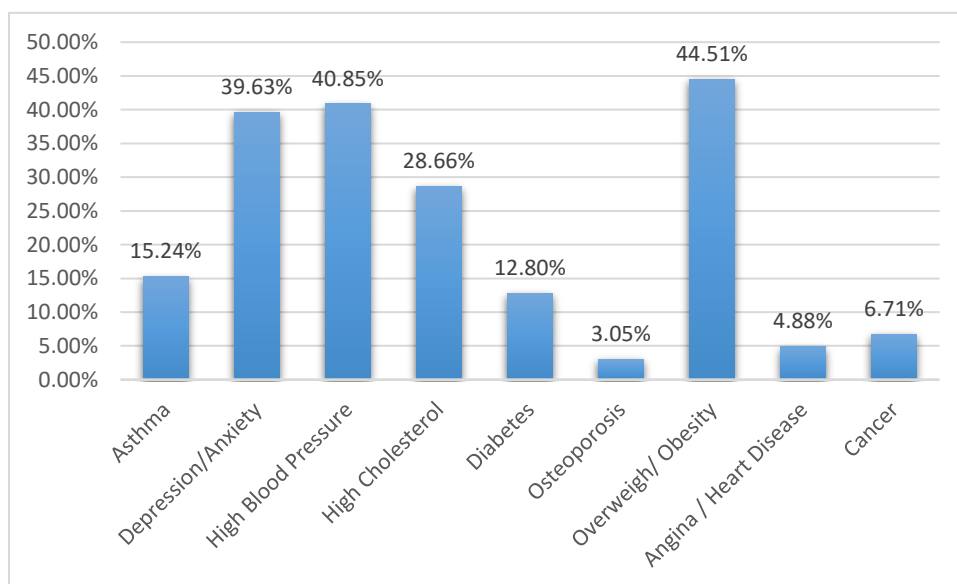


Figure 22: "Have you Ever been told by a doctor, nurse or other health professional that you have any of the following health conditions?", Lee County Community Health Opinion Survey response, Question 15

When respondents were asked: “In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house or working?” 31.72% responded yes.

HEALTH BEHAVIORS

PHYSICAL ACTIVITY:

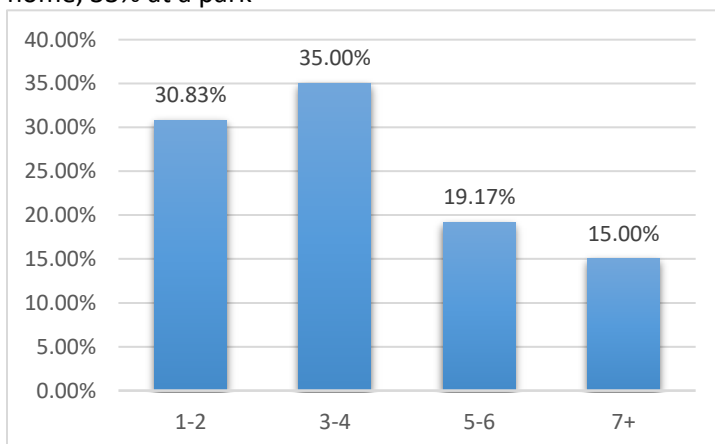
Respondents were asked to answer questions about their personal health behaviors, including exercise patterns, nutrition, and alcohol use. 66.13% reported that during a normal week they engage physical activity/exercise that last a least a half an hour; which is significantly less than the 76% reported across North Carolina. Not having enough time (30.9%), being too tired to exercise (34.6%) and not liking to exercise (27.3%) were the top reasons for not exercising. Most of the write-in answers were due to various health reasons.

TABLE 44: REASONS FOR NOT EXERCISING AT LEAST HALF AND HOUR

Since you said “no” what are the reasons you do not exercise for at least a half an hour during a normal week? (Check all that apply)	
Reason	Percent
My job is physical or hard labor	5.45
Exercise is not important to me	5.45
I don’t have access to a facility that has the things I need, like a pool, golf course or track	7.27
I don’t have enough time to exercise	30.91
I would need child care and I don’t have it	5.45
I don’t know how to find exercise partners	0
It costs too much to exercise	5.45
There is no safe place to exercise	1.82
I’m physically disabled	10.91
I don’t know	10.91
Other	9.09

Source: Lee County Community Health Opinion Survey, Question 21

Of those responded that they do engage in physical activity 61% responded they exercise at home, 33% at a park



On average respondents stated they engaged in physical activity at least 3-4 times a week (35%).

Note: Respondents were asked to count each separate physical activity that last for at least a half hour as one “time”.

Figure 22: “During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half hour?”, Lee County Community Health Opinion Survey, Question 18

FRUIT AND VEGETABLE CONSUMPTION:

Survey participants were asked about their fruit and vegetable consumption. Most respondents reported they eat 2 cups of fruit and 3 cups of vegetables per week. Note: One serving was described as “one apple or 12 baby carrots”.

TABLE 45: QUESTION 22 FRUIT AND VEGETABLE CONSUMPTION

Not counting salad lettuce or potato products, how many cups per week of fruits and vegetables would you say you eat?				
Cup	Fruit		Vegetables	
	Frequency	Percent	Frequency	Percent
0 Cups	9	6.25%	2	1.83%
1 Cup	25	15.63%	11	10.09%
2 Cups	29	18.13%	24	22.02%
3 Cups	23	14.38%	26	23.85%
4 Cups	9	3.75%	17	15.6%
5+ Cups	67	41.88%	29	26.61%

Source: Lee County Community Health Opinion Survey, Question 22

TOBACCO USE:

While only 11.6% reported that they are current smokers, 88.4% reported not smoking at all. According to the BRFFS that current smoking rate in Lee County 19% which is slightly higher than North Carolina overall (18%, 2018). Due to the wording of the question there maybe under-reporting of tobacco use/smoking status.

Respondents were also asked if they had been exposed to second-hand smoke in the past year, 51.09% reported yes. 44.75% reported home for where they were exposed to secondhand smoke most often. 30.26% responded other, with public places being the most common write-in answer.

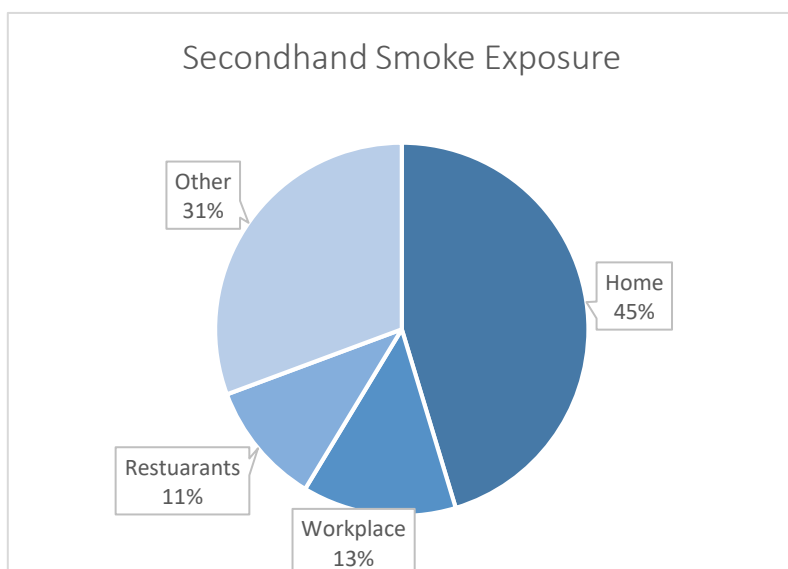


Figure 23: “If yes, where do you think you are exposed to secondhand smoke most often?”, Lee County Community Health Opinion Survey, Question 24

ACCESS TO HEALTHCARE

We asked survey participants about their health care usage, health insurance, barriers to health care and emergency preparedness. When asked where they go most often when they are sick 66% reported doctor's office and 13% reported urgent care. Only 85.2% reported having health insurance.

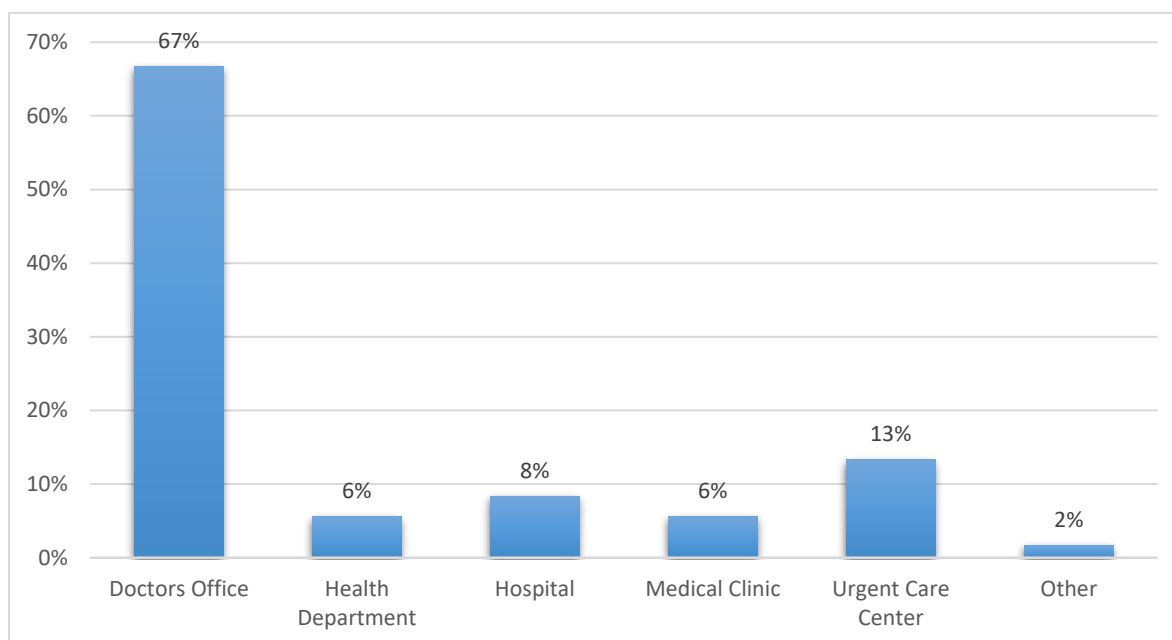


Figure 24: "Where do you go most often when you are sick?", Lee County Community Health Opinion Survey, Question 28

26% of respondents reported having a problem getting the healthcare they needed for them or a family member in the past 12 months. Of those having difficulty accessing healthcare, respondents reported having the most difficulty receiving healthcare from general practitioners (23%), dentist (14%) and eye care (12%).

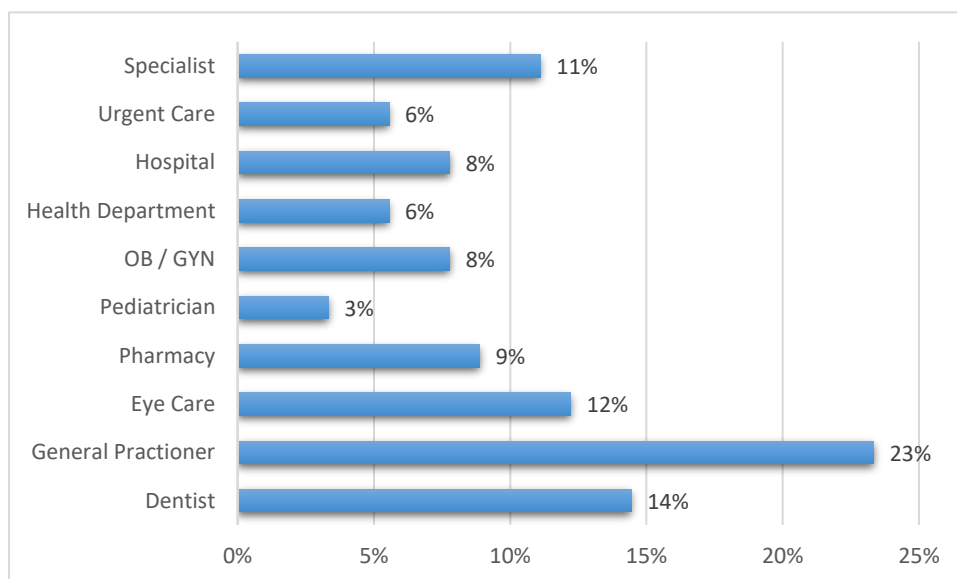


Figure 25: "Since you said "yes", what type of provider or facility did you or your family member have trouble getting health care from?", Lee County Community Health Opinion Survey, Question 31

The biggest barrier to accessing healthcare was not having health insurance (46%) and insurance not covering the service (25%).

Respondents were asked if a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who they would recommend them to. Private Counselor or Therapist was the most common answer (28.21%) followed by a doctor (25.99%)

Respondents were also asked about their mental health and support systems. When asked “in the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?” 27.66% responded yes.

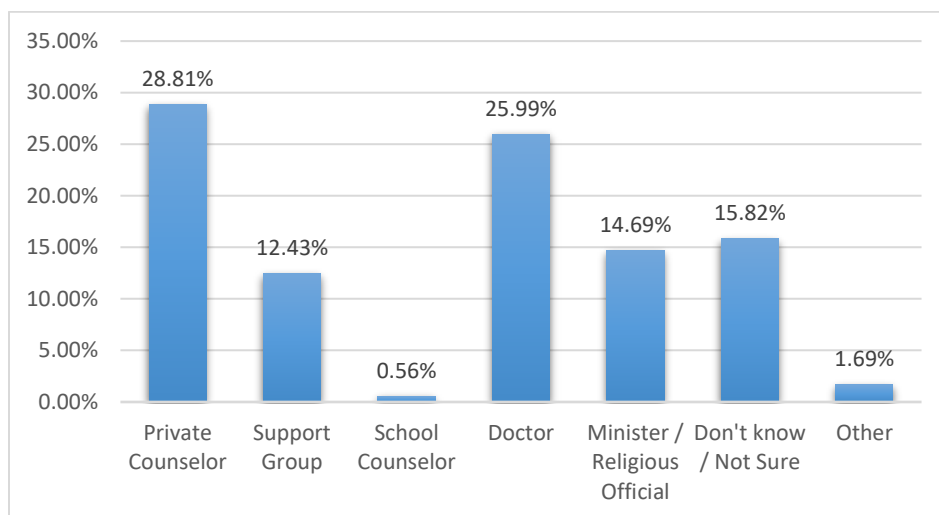


Figure 26: “If a family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to?” Lee County Community Health Opinion Survey, Question 33

PUBLIC HEALTH PREPAREDNESS

We asked survey participants about preparing for natural disasters. When asked if they have an emergency supply kit that included: water, perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, a blanket, etc. 54% responded they did.

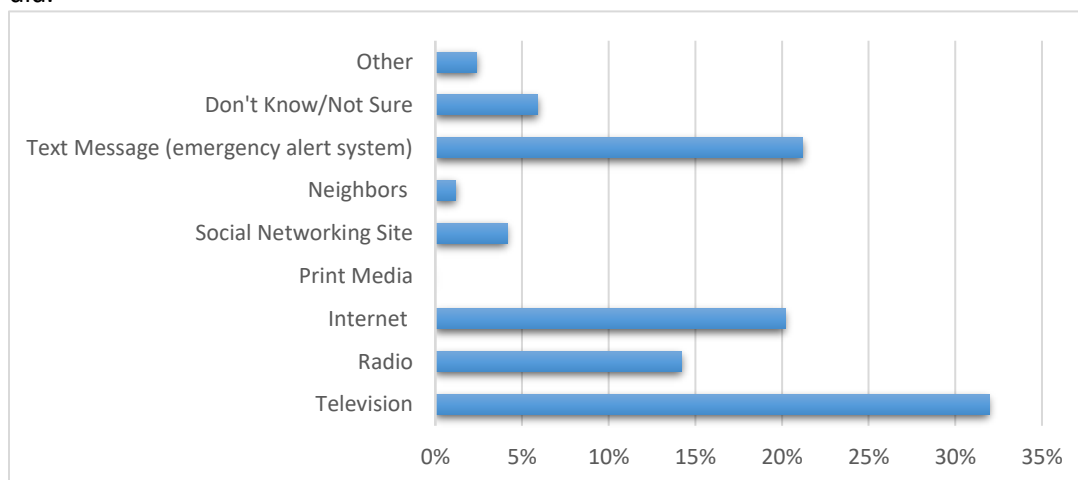


Figure 27: “What would your main way of getting information from authorities in a large-scale disaster or emergency?”

32% of respondents reported getting information from authorities in a large-scale disaster or emergency from the television, 21% stated a text message/emergency alert system. 20% stated the internet.

When asked if they would evacuate from their neighborhood/community if a mandatory evacuation was ordered due to a large-scale disaster or emergency 82% responded “yes”. The main reason for not evacuating if told to do so was for concern about leaving property behind (15.8%), followed by concern about family safety (13.2%).

COMMUNITY HEALTH ASSESSMENT DISSEMINATION

Accreditation Activity 1.3 requires local health departments to disseminate the Community Health Assessment (CHA) findings to local health department stakeholders, community partners and the general population. The 2018 Community Health Assessment will be disseminated through the community through a variety of methods.

MEDIA

- Develop a press release and Public Service Announcement (PSA) to be distributed to local media.
- An Executive Summary and PowerPoint will be created and published that will briefly highlight key findings from the Community Health Assessment. The Executive Summary will be published in English and Spanish.

PRESENTATIONS

- The press release and public service announcement will be included in any presentations given to selected/key public officials.
- A newspaper article in the Sanford Herald will present the key findings of the CHA
- Community presentations will be conducted to various groups, including:
 - Lee County Board of Health
 - Lee County Board of Commissioners
 - Lee Community Action Network (LeeCAN)
 - Lee County School Health Advisory Council
 - Local Civic Groups
 - Other community groups and businesses (upon request)

DISSEMINATION

- Paper copies of the document will be distributed to the Lee County Board of Health, the Lee County Health Department, the Chamber of Commerce, Central Carolina Hospital, the offices of the Mayor of Sanford and the Mayor of Broadway, the District Office of Lee County Public Schools, NC House and Senate Representatives from this area, local public library branches, and other locations upon request.
- The press release and public service announcement will be disseminated to media outlets throughout the county.
- The complete CHA report will be available to be downloaded on the Lee County Government website, and hard copies (English and Spanish) will be available for check out from the Community Health Education Department at the Lee County Government Center.
- An electronic version of the Community Health Assessment will be provided to the city, county, and Chamber of Commerce for dissemination via their websites.

APPENDIX

APPENDIX A – COMMUNITY HEALTH OPINION SURVEY

COMMUNITY HEALTH SURVEY



Lee County Health Department and LeeCAN (Community Action Network) is conducting a survey of community members to learn more about the health and quality of life in Lee County. The Lee County Health Department and LeeCAN will use the results of this survey to help identify and address the major health and community issues in the county.

Eligibility

You must be a resident of Lee County to participate in this survey.

The survey is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you provide will not be linked to you in any way.

Thank you for your participation. If you have any questions about this survey or would like more information or to get involved with LeeCAN please call

Ashley Graham at the Lee County Health Department at (919) 718-4640 ext. 5314.

Lee County Community Health Survey

PART 1: Quality of Life Statements

Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 6 statements.

Statements	<i>Circle the number that best represents YOUR opinion of each statement below.</i>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, “There is good healthcare in Lee County”? Consider the cost and quality, number of options, and availability of healthcare in the county.	1	2	3	4	5
2. How do you feel about this statement, “Lee County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	1	2	3	4	5
3. How do you feel about this statement, “Lee County is a good place to grow old”? Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	1	2	3	4	5
4. How do you feel about this statement, “There is plenty of economic opportunity in Lee County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.	1	2	3	4	5
5. How do you feel about this statement, “Lee County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.	1	2	3	4	5
6. How do you feel about this statement, “There is plenty of help for people during times of need in Lee County”? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	1	2	3	4	5

PART 2: Community Improvement

7. **In your opinion, which one issue most affects the quality of life in Lee County?** (Please choose only one)

- | | |
|---|--|
| a. Pollution (air, water, land) | i. Neglect and abuse (<i>Specify type</i>) |
| b. Dropping out of school | j. Elder abuse |
| c. Low income/poverty | k. Child abuse |
| d. Homelessness | l. Domestic Violence |
| e. Lack of/ inadequate health insurance | m. Violent crime (murder, assault) |
| f. Hopelessness | n. Theft |
| g. Discrimination/ racism | o. Rape/sexual assault |
| h. Lack of community support | p. Other: _____ |
| | q. None |

8. **In your opinion, which one of the following services needs the most improvement in your neighborhood or community?** (Please choose only one)

- | | |
|---|---|
| a. Animal control | k. Better/ more recreational facilities
(parks, trails, community centers) |
| b. Child care options | l. Healthy family activities |
| c. Elder care options | m. Positive teen activities |
| d. Services for disabled people | n. Transportation options |
| e. More affordable health services | o. Availability of employment |
| f. Better/ more healthy food choices | p. Higher paying employment |
| g. More affordable/better housing | q. Road maintenance |
| h. Number of health care providers
<i>What kind?</i> _____ | r. Road safety |
| i. Culturally appropriate health services | s. Other: _____ |
| j. Counseling/ mental health/ support
groups | t. None |

Part 3. Health Information

9. In your opinion, which one health behavior do people in your own community need more information about? (Please circle only one)

- | | | |
|--|---|---|
| a. Eating well/ nutrition | i. Using child safety seats | q. Substance abuse prevention (ex: drugs and alcohol) |
| b. Exercising/ fitness | j. Using seat belts | r. Suicide prevention |
| c. Managing weight | k. Driving safely | s. Stress management |
| d. Going to a dentist for check-ups/ preventive care | l. Quitting smoking/ tobacco use prevention | t. Anger management |
| e. Going to the doctor for yearly check-ups and screenings | m. Child care/ parenting | u. Domestic violence prevention |
| f. Getting prenatal care during pregnancy | n. Elder care | v. Crime prevention |
| g. Getting flu shots and other vaccines | o. Caring for family members with special needs/ disabilities | w. Rape/ sexual abuse prevention |
| h. Preparing for an emergency/disaster | p. Preventing pregnancy and sexually transmitted disease (safe sex) | x. Other: _____ |
| | | y. None |

10. Where do you get most of your health-related information? (Please choose only one.)

- | | |
|-----------------------|----------------------|
| a. Friends and family | g. Hospital |
| b. Doctor/nurse | h. Health department |
| c. Pharmacist | i. Help lines |
| d. Church | j. Books/magazines |
| e. Internet | k. Other _____ |
| f. My child's school | |

11. What health topic(s)/ disease(s) would you like to learn more about?

12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives. (circle one)

Yes

No

13. Which of the following health topics do you think your child/children need(s) more information about? (circle one)

Dental hygiene	Tobacco	Drug Abuse
Nutrition	STDs	Reckless driving/speeding
Eating Disorders	Sexual intercourse	Mental health issues
Asthma management	Alcohol	Other
Diabetes management	Suicide Prevention	

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

14. Would you say that, in general, your health is... (circle one)

Excellent	Fair
Very good	Poor
Good	Don't know/Not sure

15. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

a. Asthma	Yes	No	DK
b. Depression or anxiety	Yes	No	DK
c. High blood pressure	Yes	No	DK
d. High cholesterol	Yes	No	DK
e. Diabetes (not during pregnancy)	Yes	No	DK
f. Osteoporosis	Yes	No	DK
g. Overweight/Obesity	Yes	No	DK
h. Angina/ heart disease	Yes	No	DK
i. Cancer	Yes	No	DK

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business? (circle one)

Yes No I don't know/Not sure

17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work? (circle one)

Yes No I don't know/Not sure

18. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (If no, skip to #21)

Yes No I don't know/Not sure

19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? _____ (Write number) (If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to be one "time.")

20. Where do you go to exercise or engage in physical activity? Check all that apply.

_____ YMCA	_____ Private gym
_____ Park	_____ Home
_____ Public Recreation Center	_____ Other: _____

21. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|--|
| a. _____ My job is physical or hard labor | g. _____ I don't like to exercise. |
| b. _____ Exercise is not important to me. | h. _____ It costs too much to exercise |
| c. _____ I don't have access to a facility that has
the things I need, like a pool, golf course, or
a track. | i. _____ There is no safe place to exercise. |
| d. _____ I don't have enough time to exercise. | j. _____ I'm too tired to exercise. |
| e. _____ I would need child care and I don't have it. | k. _____ I'm physically disabled. |
| f. _____ I don't know how to find exercise partners. | l. _____ I don't know |
| | m. _____ Other _____ |

- 22. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week.**

How many cups per week of fruits and vegetables would you say you eat?

Note: One apple or 12 baby carrots equal one cup.

- a. Number of cups of fruit _____
- b. Number of cups of vegetables _____
- c. Number of cups 100% fruit juice _____

- 23. Have you been exposed to secondhand smoke in the past year?**

Yes No Don't know/ Not sure

- 24. If yes, where do you think you are exposed to secondhand smoke most often? (Check only one place)**

- | | |
|----------------------|--|
| a. _____ Home | e. _____ School |
| b. _____ Workplace | f. _____ Other: _____ |
| c. _____ Hospitals | g. _____ I am not exposed to secondhand smoke. |
| d. _____ Restaurants | |

- 25. Do you currently smoke? (Include regular smoking in social settings.)**

Yes No (If no, skip to question #27)

- 26. If yes, where would you go for help if you wanted to quit?**

- | | |
|--------------------------------------|---|
| a. _____ Quit Line NC | f. _____ Health Department |
| b. _____ Doctor | g. _____ I don't know |
| c. _____ Church | h. _____ Other: _____ |
| d. _____ Pharmacy | i. _____ Not applicable; I don't want to quit |
| e. _____ Private counselor/therapist | |

- 27. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?**

_____ Yes, flu shot	_____ No
_____ Yes, flu spray	_____ Don't know/Not sure
_____ Yes, both	

Part 5. Access to Care/ Family Health

28. Where do you go most often when you are sick? (Choose only one please.)

_____ Doctor's office

_____ Medical Clinic

_____ Health department

_____ Urgent Care Center

_____ Hospital

_____ Other: _____

29. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? (Please choose only one.)

[Note: The State Employee Health Plan is also called the "North Carolina Teacher's and Employee Health Plan." Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

a. ____ The State Employee Health Plan

b. ____ Blue Cross and Blue Shield of North Carolina

c. ____ Other private health insurance plan purchased from employer or workplace

d. ____ Other private health insurance plan purchased directly from an insurance company

e. ____ Medicare

f. ____ Medicaid or Carolina ACCESS or Health Choice 55

g. ____ The military, Tricare, CHAMPUS, or the VA

h. ____ The Indian Health Service

i. ____ Other (government plan)

j. ____ No health plan of any kind

k. ____ Don't know/Not sure

30. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

Yes

No

Don't know/ Not sure

31. Since you said “yes,” what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- ☐ Dentist ☐ General practitioner ☐ Pediatrician
☐ Eye care/optometrist/ ophthalmologist ☐ Pharmacy/ prescriptions
☐ OB/GYN ☐ Health department ☐ Urgent Care Center
☐ Hospital ☐ Medical Clinic
☐ Specialist (*What type?*) _____

32. Which of these problems prevented you or your family member from getting the necessary health care?

- a. ☐ No health insurance.
 b. ☐ Insurance didn't cover what I/we needed.
 c. ☐ My/our share of the cost (deductible/co-pay) was too high.
 d. ☐ Doctor would not take my/our insurance or Medicaid.
 e. ☐ Hospital would not take my/our insurance.
 f. ☐ Pharmacy would not take my/our insurance or Medicaid.
 g. ☐ Dentist would not take my/our insurance or Medicaid.
 h. ☐ No way to get there.
 i. ☐ Didn't know where to go.
 j. ☐ Couldn't get an appointment.
 k. ☐ The wait was too long.
 l. ☐ Other: _____

33. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? Please choose only one.

- a. ☐ Private counselor or therapist e. ☐ Doctor
 b. ☐ Support group (e.g., AA, Al-Anon) f. ☐ Minister/religious official
 c. ☐ School counselor g. ☐ Other: _____
 d. ☐ Don't know

Part 6. Emergency Preparedness

34. Does your household have working smoke and carbon monoxide detectors? (Choose only one)

☐ Yes, smoke detectors only

☐ Yes, carbon monoxide detectors only

☐ Yes, both

☐ No

☐ Don't know/ Not sure

35. Does your family have a basic emergency supply kit? (circle one)

(These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

Yes

No **(Skip to question 37)**

Don't know/Not sure **(Skip to question 37)**

36. If yes, how many days do you have supplies for? _____ (Write number of days)

37. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

☐ a. Television

☐ f. Print media (ex: newspaper)

☐ b. Radio

☐ g. Social networking site

☐ c. Internet

☐ h. Text message (emergency alert system)

☐ d. Neighbor

☐ i. Other (describe) _____

☐ e. Don't know/ Not sure

38. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

☐ Yes

☐ No

☐ Don't know/ Not sure

39. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

☐ a. Lack of transportation

☐ f. Concern about family safety

☐ b. Concern about leaving property behind

☐ g. Concern about personal safety

☐ c. Health problems (could not be moved)

☐ h. Concern about leaving pets

☐ d. Concern about traffic jams and inability to get out

☐ i. Lack of trust in public officials

☐ e. Other (describe) _____

☐ j. Don't know/ Not sure

Part 7. Demographic Questions

The next set of questions are **general** questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

40. How old are you?

<input type="checkbox"/> 15 – 19	<input type="checkbox"/> 35 - 39	<input type="checkbox"/> 55 - 59	<input type="checkbox"/> 75 - 79
<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 40 - 44	<input type="checkbox"/> 60 - 64	<input type="checkbox"/> 80 - 84
<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 45 - 49	<input type="checkbox"/> 65 - 69	<input type="checkbox"/> 85 or older
<input type="checkbox"/> 30 - 34	<input type="checkbox"/> 50 - 54	<input type="checkbox"/> 70 - 74	

41. Are you Male or Female?

☐ Male ☐ Female

42. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No *(If no, skip to #43)*

If yes, are you:

☐ Mexican, Mexican American, or Chicano

☐ Puerto Rican

☐ Cuban

☐ Other Hispanic or Latino (please specify) _____

43. What is your race? (Please check all that apply.) *(If other, please write in the person's race.)*

☐ White

☐ Black or African American

☐ American Indian or Alaska Native *(List tribe(s) including Lumbee)* _____

☐ Asian Indian

☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a:

(write in race) _____

☐ Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro:

(write in race) _____

☐ Other race not listed here: *(write in race)* _____

44. Do you speak a language other than English at home? (If yes, answer Part B)

Yes

No

B. If yes, what language do you speak at home? _____**45. What is your marital status?**

_____ Never Married/Single

_____ Divorced

_____ Married

_____ Widowed

_____ Unmarried partner

_____ Separated

_____ Other

46. What is the highest level of school, college or vocational training that you have finished? (Mark only one.)_____ Less than 9th grade_____ 9-12th grade, no diploma

_____ High school graduate (or GED/ equivalent)

_____ Associate's Degree or Vocational Training

_____ Some college (no degree)

_____ Bachelor's degree

_____ Graduate or professional degree

_____ Other: _____

47. What was your total household income last year, before taxes?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

48. How many people does this income support? _____

(If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

49. What is your employment status? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Armed forces | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Unemployed for more than 1 year | <input type="checkbox"/> Unemployed for 1 year or less |

50. What is your zip code? (Write only the first 5 digits.) _____

APPENDIX B – SUPPORTIVE SERVICES INVENTORY

211- Get Connected. Get Answers.

www.nc211.org; www.leecountyunitedway.org

Lee County offers the state 211 Get Connected. Get Answers assistance system. This is currently the most comprehensive listing of services available to county residents. If Lee County residents need services for food, housing, employment, health care, child care, volunteer opportunities, crisis intervention, and/or legal assistance, this is the main source for assistance via a 211 call, the 211 website, or United Way of Lee County. All information is free, confidential, and available 24 hours a day. Lee County 211 is staffed with agents who speak several languages.

Aging Services**The Enrichment Center of Lee County****Lee County Senior Services**

Contact: Deborah Davidson, Director

Email: enrichment.center@leecountync.gov

Phone: (919) 776-0501

Address: 1615 South Third Street, Sanford, NC 27330

Fax: (919) 774-7593

Directions: On South Third Street between Horner Boulevard and Courtland Avenue

Website: www.leecountync.gov/ec

Description:

The Enrichment Center is a public facility housing Lee County Senior Services, County of Lee Transit System and Veterans Services. The Center is a focal point in the community where patrons access services and engage in activities. Programming at the Center is intergenerational with an emphasis on community betterment through involvement. They offer a variety of innovative programs: educational, entertaining, fitness, health and wellness.

Programs

Service description: The Enrichment Center of Lee County is a North Carolina Senior Center of Excellence. The Center collaborates with area health care professionals to offer health fairs; health education self-care seminars; healthy eating cooking classes; and disease prevention. The Enrichment Center offers a variety of educational programming, entertainment, fitness, health and wellness opportunities, and various classes. The class topics include financial planning, insurance, drivers' refresher courses, art classes, current events, cooking classes, dancing, fitness, crafts, and computers.

Advanced Directives: Health Care Power of Attorney & Living Will

Service description: Forms, witnesses, and notary: these services are provided free of charge.

Congregate and Home-Delivered Meals

Service description:

Congregate Nutrition-A nutritious lunchtime meal is provided Monday-Friday at noon to Lee County residents age 60 and older by Lee County Senior Services. Health education, social, recreation, and access to other services also are available.

Home Delivered Meals-A hot nutritious lunch is delivered by volunteers five days a week to Lee County residents who are 60 and older and homebound. Eligibility: Lee County residents, age 60 or older

County Veterans Service Office

Service description: Advocacy assistance for veterans and their families seeking benefits from the Veterans Association.

The Ensure Program

Service description: The Ensure program is an indigent program established with Ross Laboratories. The program assists clients that are in need of a nutritional supplement to sustain life by allowing the product to be sold at a lower rate than in retail stores.

Powerful Tools Training for Family Caregivers

Service description: The Powerful Tools Training for Family Caregivers Program provides information and referral services, assesses needs, helps the caregivers to find solutions available in our community, offers educational services such as caregivers training, conferences, seminars, support groups, and provides respite care, allowing caregivers time to meet other responsibilities.

Fitness (EC Fitness)

Service description: Fitness classes at the Enrichment Center include yoga, low-impact aerobics/strength, water aerobics, and a chair stretch and tone.

Fitness Room (EC Fitness Room)

Service description: Fitness room is equipped with treadmills, dual action bikes, recumbent cycles, stair climber, rowing machine, health rider, small hand weights, weight station, and more.

Helping Fund

Service description: Helping Fund Policies: The Helping Fund is an emergency financial resource for indigent older adults. Assistance will be considered for the following services: electrical bills, necessary prescriptions, water bills, fuel bills (LP, natural, propane, and kerosene), wood for heating, partial rent in extreme situations (homeless), if needed for medical reasons only--basic telephone, food in emergency situations.

Housing Home Repair

Service description: An assistance program which operates on limited state funds and is used primarily to build wheelchair ramps on a first come, first serve basis to eligible Lee County homeowners who are age 60 or older.

Information and Assistance

Service description: Information and Assistance (I&A) provides information on services related to older adults and their families and assistance to older adults having difficulty navigating the numerous services available to them.

Respite Referral

Service description: The Respite Referral program was developed to help caregivers find home-care workers to assist them in caring for individuals in the home.

Senior Games and Silver Arts of Lee County

Service description: Senior Games and Silver Arts of Lee County is a year-round health promotion program. Senior Games and Silver Arts of Lee County is part of a network of 53 Local Games sanctioned by North Carolina Senior Games, Inc. and is open to all Lee County residents 55 years of age and better. Events are held each spring and are qualifying events for North Carolina Senior Games State Finals are held each fall in Raleigh and surrounding areas.

Senior Trips

Service description: To plan and conduct fun and entertaining day and overnight trips that are affordable to everyone.

Seniors Health Insurance Information Program (SHIIP)

Service description: Seniors Health Insurance Information Program (SHIIP) is a consumer information division of the North Carolina Department of Insurance that assists people with Medicare, Medicare Part D, Medicare supplements, Medicare Advantage, and long-term-care insurance questions. SHIIP also helps people recognize and prevent Medicare billing errors and possible fraud and abuse through our NCSMP Program.

Support Groups

Service description:

Diabetes Support Group: This group is for the diabetic as well as caregivers and loved ones of diabetics.

Living with Vision Loss Support Group: This group was created for people with vision impairments (including Macular Degeneration) and their loved ones to discuss ways to cope with low vision.

Grancare Support Group: This group is for grandparents who are raising or assisting in raising their grandchildren.

Prostate Support Group: The group concentrates on the sharing of experiences that stimulate psychological, social, and emotional awareness to enhance quality of life. An educational component provides information on nutrition, sexuality, coping skills, and diagnosis and treatment modalities. An emphasis is placed upon outreach to men with newly diagnosed cancer of the prostate.

Alzheimer's Support Group: Caregivers of loved ones with Alzheimer's come together and support each other through sharing of their knowledge, experiences, and advice.

Caregivers Connections Support Group: This is an opportunity to share your concerns, problems, and ideas in connection with caring for your loved one as well as learning from the knowledge of others who may be experiencing a similar situation.

Parkinson's Disease Support Group: Support, problem solving, and education for persons with Parkinson's disease, families, and caregivers.

Sanford Cancer Support Group: Commitment to provide information and support to anyone who has been touched by cancer.

Arthritis Support Group: An educational and mutual support group that will focus on helping people with any form of arthritis.

Parents Support Group-Living with Loss of a Child: Commitment to provide support to anyone dealing with the loss of a child.

Grief Support Group: Provides an opportunity for those persons who are grieving to come together for support and assistance with the grieving process.

Volunteer Opportunities

Service description: To screen and place interested persons in volunteer positions in the community.

County of Lee Transit System (COLTS)

Service description: COLTS is a coordinated transit system that provides transportation services for the general public and human service agencies in Lee County. Provides transportation for citizens of Lee County to work, medical appointments, shopping, Senior Services, and necessary errands. Medical transportation is available to Chapel Hill and Durham, and COLTS has lift vans available for physically challenged persons who are in wheelchairs or have mobility concerns. COLTS travels to Pinehurst on Tuesdays, Wednesdays and Thursdays. Transportation for education at CCCC is provided.

Fees: No cost for seniors over 60 for medical appointments.

Website: www.leecountync.gov/Departments/Colts

Meals on Wheels of Sanford

Website: www.mowsanford.org

Service description: Delivers one meal per day, Monday through Friday, to homebound persons unable to cook or shop for themselves.

Eligibility: Anyone who lives within Sanford city limits who is homebound and unable to shop or cook for themselves.

Hours: Answering service seven days a week; response is normally same day.

Highway to Healing

Directions: Mail received and meetings held at Lee County Enrichment Center

Service Description: Highway to Healing is a free transportation service for Lee County cancer patients.

Eligibility: Must need cancer treatment and live in Lee County.

Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

Intake: Telephone call to center

Obesity/Health Related

N.C. Cooperative Extension- Lee County Center

Contact: Bill Stone, County Extension Director

Phone: (919) 775-5624

Address: 2420 Tramway Road, Sanford, NC 27330

Fax: (919) 775-1302

Website: <http://lee.ces.ncsu.edu>

Service description: Family and Consumer Science, Horticulture, Agriculture, 4-H, Expanded Foods and Nutrition Education Program (EFNEP)

Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

Lee County 4-H

Service description: The 4-H program is open to all young people in Lee County between the ages of 5 and 18. Through 4-H, youth can participate in a variety of programs including: 4-H Clubs, presentations, record books, school enrichment, community service, 4-H Congress, leadership events, 4-H Camp and summer fun. The main purpose of the 4-H program is to develop life skills that will help the youth be successful and productive members in their communities.

Eligibility: All youth ages 5-18.

Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

Fees: No fee to join 4-H; minimal cost for some programs.

Sanford Farmers' Market

Service description: Farmers' Market featuring locally grown produce. Farmers live and grow their produce within a seventy-five mile radius of Sanford. Seasonal fruits, vegetables, meats, eggs, crafts and a variety of other products sold.

Directions: Located at 2420 Tramway Road

Hours: Saturday 9:00 a.m.-12:00 p.m. beginning in April, and Tuesdays from 10:00 a.m.-12:00 p.m. at the Lee County Enrichment Center. The Sanford Farmers' Market usually runs through October.

Lee County Parks and Recreation

Contact: John Payne, Director

Phone: (919) 775-2107

Address: 2303 Tramway Road, Sanford, NC

Fax: (919) 775-1531

Website: www.leecountync.gov/Departments/ParksRecreation

Service description: Offers youth and adult recreation programs. Programs available are: baseball, softball, basketball, tee-ball, pee-wee baseball, volleyball, football, yoga, gymnastics, children's dance, tiny tots, summer camps, swim lessons, and other special events throughout the year. Call office for more information.

Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

Teen Pregnancy

Coalition for Families of Lee County

Contact: Brittany Garner, Interim Executive Director

Phone: (919) 774-8144

Email: bgarner@coalitionforfamilies.org

Located: 507 N. Steele Street
Sanford, NC 27330

Mailing address: 507 N. Steele St. Sanford, NC 27330

Fax: (919) 774-0631

Directions: At the northern end of Steele Street in the Mann Center on the 2nd floor.

Hours: Monday-Friday, 8:30 a.m.-5:00 p.m.

Child Care Resource and Referral (CCR&R)

Service description: A multi-dimensional program designed for parents and child-care providers. CCR&R provides information to parents that will help them choose affordable, quality care. CCR&R serves as a resource for all child-care providers to have access to knowledge and materials that will create a learning environment within their facilities. Training for all child-care providers is offered and credit hours are issued. A "Resource Library" is available for membership to all child-care providers and parents for a small fee.

Languages: English and Spanish.

Fees: None except for a small library membership fee.

Parents as Teachers

Service description: A home visitation program for families with children birth to five. A parent educator shares child-development information from the National Parents as Teachers curriculum and an age-appropriate activity each month. The focus of this program is to prepare children for kindergarten and to provide parent support. Parent group meetings, community activities, and developmental screenings are offered throughout the year. A learning center is also available for parent groups and individuals to use, providing children with age-appropriate learning through play materials.

Eligibility: Children must be between the ages of birth to five years of age. No income eligibility required.

Sister Love

Service description: An infant mortality reduction initiative for African-American women of childbearing ability. Program focus includes: health education, group support activities, incentive programs, home visitation, exercise component, and community outreach.

Eligibility: Must be an African-American woman of childbearing ability.

Teen Pregnancy Prevention/Adolescent Parenting Programs

Service description:

Teen Outreach Program (TOP) -Classes are held for middle and high school students to learn adulthood preparation skills, such as emotion management and decision making. Service learning and field trips also are provided as part of the program.

Reducing the Risk (RTR) - 16-session curriculum designed to help high school students delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

Session topics include: Abstinence, Refusal Skills, Delay Tactics, Avoiding High Risk Situations, Knowing and Talking About Protection, HIV and STD Prevention, and Implementing Protection from STD and Pregnancy.

Adolescent Parenting is for pregnant and parenting teens that are staying in school. Referrals are taken anytime. Group sessions that focus on daily life issues are held after school. Individual home visits also are made on a monthly basis to teach parenting skills.

Eligibility: must be pregnant or parent teens in school. (Public or private).

Languages: English and Spanish.

Reach Out Crisis Pregnancy Center

Contact: Debbie Puryear, Executive Director

Phone: 919-292-2657

Email: reachoutcpc@gmail.com

Located: 403 Carthage Street, Sanford, NC 27330

Mailing Address: 403 Carthage Street, Sanford, NC 27330

Service Description: Free Pregnancy testing for teens and women of all ages, options education (Abortion, Adoption, Parenting), referrals/resource list for medical care, housing, social services and legal aid, prenatal, parenting and child development education, Free Parenting Program, Maternity and baby items through participation in our parenting program, Free Life Skills Program, Free spiritual support/help, Free one time emergency help for moms of newborns through 12 months of age, STD/SDI information, Free post-abortion support/help, and Free (limited) ultrasound - (appointment only).

Referrals: Childbirth classes, professional counseling, educational and career counseling, government assistance programs, maternity housing, and adoption services.

Material Support: Disposable diapers, baby hygiene products, baby furniture & equipment, Newborn/toddler shoes, outfits, clothes (0-12 months) and maternity clothing.

Fees: All services are free for the client.

Social Services

Lee County Department of Social Services

Contact: Angelina Noel, Director

Phone: (919) 718-4690

Located: 530 Carthage Street, Sanford, NC 27330

Mailing address: 530 Carthage Street, P.O. Box 1066, Sanford, NC 27330

Fax: (919) 718-4634

Hours of Operation: Monday – Friday: 8:00 AM – 5:00 PM

Service Description:

Financial:

Work First Family Assistance (WFFA) - Temporary assistance for needy families (TANF). Eligible families get a monthly check or one-time payment. Requirements include having a child (under 18 or expected to graduate by age 19) that meet a certain degree of kinship to the adult in the home. There are income and resource limits that are considered to determine eligibility.

Medical Assistance (Medicaid) - This program helps families or individuals that are disabled/aged with medical bills (doctor fees, prescription drugs, hospital charges, nursing home care, etc.). All programs have income limits and some coverage programs have resource limits. If eligible, Medicaid can also cover unpaid medical bills for the three months prior to your month of application.

Food and Nutrition Services - Supplements low income families/individuals to buy adequate food for proper diets. Households must pass an income and resource test. Allotments are computed based on income, certain household expenses, living arrangements and household size. Eligible households receive an EBT card (electronic debit card) that they use to purchase food. The EBT card can be swiped at grocery merchants similar to a credit card.

State-County Special Assistance for Adults- A cash supplement to help low-income individuals residing in Adult Care Homes (such as rest homes) pay for their care. Adult Care Homes are unlike nursing homes in that medical care is not provided by home staff. Designated staff may administer medications and provide personal care services such as assistance with bathing, eating, and dressing.

Child Support Enforcement - This program seeks to establish paternity, establish child support orders, enforce orders, collect payments, and obtain medical insurance from absent parents.

Crisis Intervention Program - This program is for low-income households in a heating or cooling-related life-threatening emergency. This program has limited funding and will be provided to eligible recipients until funds are exhausted. Eligibility for assistance is based on current temperatures, household size, household composition, health risk factors and income. Payments are made directly to the heating and cooling vendor.

Low Income Energy Assistance Program - This program makes a once-a-year assistance to low-income households to help with the cost of heating. Applications are taken starting December 1 thru March 31. In the month of December, applications will be taken on anyone age 60 or above or receiving services from the Division of Aging and Adult Services. Payments are made directly to the heating source vendor.

Energy Neighbor Energy and CEMC Project Share - This program is for households in a heating or cooling related emergency when service is provided by Energy Neighbor and Central Electric Membership Corporation. These programs have income limits and authorization is based on funding availability.

Jim Garner Fuel Fund for the Elderly - A program run strictly on contributions from the community. These funds are used to provide heating or cooling for the elderly that are living on fixed incomes. The program is expanded, when contributions allow, assisting this same elderly group with limited prescriptions.

Child Care Subsidy - This program authorizes child care services for eligible families based on the need for child care. The needs include employment, attending school, receiving Child Protective Services, special development needs, homelessness, as well as child welfare services. Eligibility requirements may vary based on the need for services. There may be a monthly fee based on household income.

Social Services

Work First Employment Services - Purpose of this program is to assist Work First recipients in becoming self-sufficient through job training and education, with emphasis on job placement.

Child Services – Recruitment, training and licensing of foster/adoptive parents, conduct independent adoptions, supervision of adoptive placement, home studies for relative adoptions. Supervision of dependent children in foster care with the focus on return to family or other permanency situations, i.e. adoption, guardian, custody. Investigations or assessment of families where abuse/neglect/dependency has been alleged and treatment (case management) for families where abuse/neglect/dependency has been established.

Adult Services – Services include In-Home Aide Home Management services, Adult Day Care (day care for adults), Nursing and Adult Care Home placement, adult protective services, and monitoring adult

care homes/family care homes under the licensure rules and regulations of the Division of Facility Services. Provides guardianship services for individuals found incompetent and there is no family or individual willing, able and responsible to serve.

Community Alternative Program (CAP) - A Medicaid waiver program, which provides an alternative to nursing home placement for those eligible persons.

Special Assistance (SA) In-home- Individuals must have income below the federal poverty level, be eligible for Medicaid and otherwise eligible for Special Assistance, have an FL-2 indicating a need for Adult Care Home level of care, have an assessment and service plan that indicates the individual can live safely at home with services.

Aid to the Blind - Aid for people, who are not eligible for Medicaid, but need aid in getting eye exams and eye glasses; social work services for the blind. Appointments are necessary.

Disaster Assistance- Provide assistance to American Red Cross and Emergency Management in the event of a disaster. Functions would include registration of residents of shelters, management of the shelters and providing services to shelter residents.

Disposition of Unclaimed Bodies- When Lee County residents expire and the bodies are not claimed for burial by friends or family, Social Services must dispose of the bodies. This disposition does not include a funeral or burial.

Voter Registration- Register to vote all individuals applying for benefits, recertifying their benefits, or updating an address at a public assistance agency.

Fishing License Waiver- Issue Residential Subsistence Inland/Coastal Recreational Fishing License Waivers for recipients of Medicaid, Food Stamps and Work First Family Assistance.

Christians United Outreach Center of Lee County (CUOC)

Contact: Teresa Dew Kelly, Executive Director

Phone: (919) 774-8485

Located: 2885 Lee Avenue

Sanford, NC 27331

Mailing address: 2885 Lee Avenue

P.O. Box 2217

Sanford, NC 27331

Fax: N/A

Thrift Store Hours of Operation: Monday: 3:00 PM – 7:00 PM

Tuesdays – Saturdays: 9:00 AM – 1:00 PM

Client Hours of Operation: Mondays: 4:30 PM – 6:00 PM

Wednesdays: 12:30 PM – 2:00 PM

Fridays: 12:30 PM – 2:00 PM

Service Description:

Food Pantry: Distribution of perishable and non-perishable items to supplement the nutritional needs of families in crisis.

Thrift Shop: Where people in emergency situations can receive free clothing and other household items (items are also for sale and sale of such items help finance the other services offered by CUOCLC).

Financial Assistance: Emergency assistance pledged toward electric bills, etc., as funds allow.

Medical Equipment: Available equipment loaned for as long as client-need exists.

Second-Chance Gowns: Prom gowns provided at no cost to girls who otherwise would not be able to afford one.

Pastoral Care: During client hours, pastors from various ministries are present to lend a listening ear.